

## Increasing Organ Donation Consent Rates in an Inner City Hospital

According to the United Network for Organ Sharing (UNOS), over 100,000 people in the US are waiting for an organ transplant.<sup>1</sup> Eighteen people die each day, waiting. In April 2003, the Department of Health Resource and Service Administration (HRSA), set forth a national objective to abolish the waiting list for organ recipients: No person shall die waiting for an organ transplantation. HRSA established the Organ Donation Breakthrough Collaborative,<sup>2</sup> partnering hospitals that are leaders in organ donation with those that have a large donation potential and low donor yield. The goal: 100% referral rate (all eligible referrals are made) and a 75% conversion rate (the number of actual donations from eligible referrals).

Albert Einstein Medical Center (AEMC) was identified by the Collaborative as one of the 200 largest hospitals nationwide with the greatest potential for improvement. In March 2004, the conversion rate was a dismal 17% (1 donation of 6 eligible referrals). While referrals of potential donors were made 78% of the time, only 30% were done in a timely manner. This meant we were not contacting our organ procurement organization (OPO) in time for a proper on-site evaluation. Our process was broken.

In an effort to achieve the new national benchmark, AEMC partnered with Gift of Life (GOL), our local organ procurement organization. A core group from AEMC participated in the Second National Breakthrough Collaborative in San Diego, CA along with GOL staff. Likewise, a larger committee was created at AEMC to implement these shared best practices throughout our institution.<sup>3</sup>

The Collaborative recommended we first identify barriers to AEMC's donation process. Education, religious conviction, cultural sensitivity, racial

relations, socio-economic status and community trust of the healthcare system were identified as key barriers impeding our objective.<sup>4</sup> To improve our process and break through these barriers, we used the PDSA model—plan, do, study, act—a rapid-cycle quality improvement tool we learned at the Collaborative.

Our first PDSA intervention resulted in the creation of the “trigger card” for all ICU staff. A 5x7 laminated card detailed how to identify all potential donors using clinical criteria, with emphasis on early identification. Our next intervention has become one of our most successful. Initially, GOL teamed with physician leaders, nurses, residents, clergy, interpreters and administrators exclusively from AEMC to educate and create “champions” for organ donation.<sup>5</sup> In one 8-hour off-site training session, these champions were instructed in an abridged format using practices learned at HRSA's collaborative. Due to the success of this intervention at AEMC, GOL has expanded the champion training to over 15 regional hospitals.

Our most successful intervention to date is AEMC's “trust bridge,” a mechanism involving the individual or individuals who have worked with the family of a patient who is moving toward becoming a potential donor, and has established a relationship of mutual trust and understanding. The team works closely with the family to safely and consciously transfer or share this trust with the organ donation coordinator.<sup>6</sup>

According to Yuen, Burton, Chiraseveenuprapund, et al., there is an overall distrust of the medical profession.<sup>7</sup> Specifically at AEMC, our clients are skeptical of medical practices involving donation and transplantation, believing that their organs will be used to save the lives of the wealthy and

privileged. Consequently, we had to find a way to establish trust with patients and their families. Through an intense internal assessment, it was determined that our population feels best supported by the bedside nurse and AEMC's pastoral support staff. For that reason, we chose to partner clergy and the primary nurse to support the donor family throughout the decision process. Also, due to our diverse population, we decided to involve interpreter services into the donation discussion when warranted. As a result families, through the support and trust of clergy, nurses, physicians and OPO coordinators, are consenting to donate more often.

In conclusion, AEMC's referral rate has increased to 100%, which has been sustained for over 4 years. Our conversion rate, while not meeting our goal of 75%, has risen to 57% (an increase of over 235%). The number of annual referrals has risen from 44 in 2003, to 116 in 2008. We continue to work diligently in our community to gain trust in our institution by dispelling myths and educating our patients through outreach. We will continue new interventions designed to increase the yield of organs per donation so that, someday, the waiting list will exist no more. ■

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