

## ***An Organ Procurement Organization's Role in the Organ Recovery Process***

The organ recovery process involves a complex series of events coordinated by medical professionals in organ procurement organizations (OPOs) and hospitals. The National Organ Transplant Act of 1984 (NOTA) was enacted to help ensure the process is carried out in a fair and efficient way, leading to equitable distribution of donated organs. The act established the national Organ Procurement and Transplant Network (OPTN) for matching donor organs to waiting recipients. The organization that is now responsible for this is the United Network for Organ Sharing (UNOS), located in Richmond, Virginia. UNOS works with 58 federally designated OPOs across the country to place donated organs locally, regionally, and nationally.

*When a patient dies or is likely to die in a hospital, a call is placed to the organ procurement organization (OPO) that sets in motion this series of events dedicated to preserving all donation options and fulfilling the gift of life.*

The attending physician or hospital neurologist declares death by brain criteria or by cardio-pulmonary arrest in accordance with state law and hospital policy. After death is declared, the patient must remain on a ventilator before organ donation can occur. A patient who is dead by brain criteria, but is on a ventilator which allows the heart to continue to pump, is a potential donor for organs and tissues. A patient who has died due to cardiac arrest and has no cardiac or respiratory activity could still be an organ donor and may also be a tissue donor.

According to Medicare Conditions of Participation, every hospital must notify its local organ procurement organization upon each death or when death is about to be declared. An OPO clinical recovery coordinator receives information about the patient and evaluates his or her suitability as a donor. The patient's donation wishes are checked in the donor Registry of the patient's state of residence. If the patient registered to be an organ and tissue donor, the next of kin or health care proxy is approached and fully informed of the process. If the patient's wishes are unknown, the coordinator discusses all available donation options including recovery for transplantation, research, education or therapy.

If donation is to go forward, then the OPO coordinator conducts a complete medical evaluation and social history of the potential donor. In the case of organ donation, UNOS is asked to run a waiting recipient list for every organ that can be placed for transplantation. Criteria that are entered into the computer program that identifies potential recipients include donor blood type and body size. For certain organs, the genetic tissue type is also considered.

Once potential recipients are identified, their transplant surgeons are notified, and if they accept the offered organ, the recipients go to their transplant centers to be readied for the transplants. If the surgeon declines the offer, the surgeon for the next patient on the list is called. This process can take 8-12 hours during which time the donor's organs are maintained medically by the OPO coordinator and the hospital medical staff. While the donor is on the ventilator, adequate heart rate, blood pressure, respiration and urine output are critical to

maintaining the donor's organs for transplant. In accordance with federal law, physicians who are responsible for the patient's care prior to brain death determination, cannot be part of the recovery or organs process.

The operating room and the arrival and departure of the surgical transplant teams must be scheduled by the OPO recovery coordinator. The procurement team consists of a surgeon(s), a nurse or other clinician, OPO recovery coordinators and staff. When the surgical team arrives, organ recovery takes place in an operating room. A complete operating room staff and special surgical team is usually required for removal of heart, liver and pancreas; kidneys are removed by a local surgeon. Organs are immersed in protective solutions, packaged and are then sent to the waiting recipients.

Tissue recoveries occur after the organs are removed. A recovery team is called to the hospital and a room is prepared for the donation. All tissues are carefully removed, packed under sterile conditions, and transported to a tissue bank to be prepared for transplantation, research or therapy.

Then, in a respectful procedure, after recovery the donor's body is fully re-constructed so that there is no affect on funeral plans. Removal of the body to the funeral home takes place according to the guidelines of the hospital and the wishes of the family. These wishes are followed with respect and compassion by the entire recovery team.

The OPO provides all recovery follow-up. Letters about the outcome of the recovery are sent to the donor family, physician(s), nurses and other participating hospital staff at the donor hospital. All costs relating to the procurement are billed to OPO. These include, but are not limited to, operating room charges, surgeon's fees and transportation. The recipient's transplant hospital then reimburses the OPO for procurement costs. In turn, that hospital is reimbursed by the recipient's insurance company or by Medicare. An OPO Donor Family Advocate follows up with each donor family. This includes bereavement letters and literature, letters documenting the progress of recipients as well as offers of advice and support. The Advocates provide telephone support, grief seminars and annual remembrance services.

Listed below are some additional ways in which OPOs help ensure that the process works as effectively as possible.

- OPOs are mandated to provide service and education to hospitals. In addition, they comply with strict federal policies from several regulatory agencies. OPOs expand upon these directives by developing best practices to identify potential donors and provide optimal family care.
- OPOs medically assess every potential donor to determine the medical suitability for organ and/ or tissue donation. Support is still offered to families who do not decide to donate.
- Donor family care is a hallmark of the role of the OPO. Specially trained staff help families understand how donation supports good end-of-life care as well as provide compassion and support through a difficult experience.
- Medical management of the organ donor requires high levels of clinical expertise to ensure that all organs are suitable for transplantation and remain viable.
- Logistics play a key part in determining the success of the donation process. OPOs coordinate the many details of patient care, testing, allocation of organs to waiting recipients, and arrangements for transportation needs of surgeons and medical staff required to complete the process.
- OPOs continuously work on providing education for the public, media, and key legislative officials about the needs and benefits of all aspects of donation that saves and heals thousands of lives each year.