



## ***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 the equitable distribution of donated organs. The Act established the national Organ Procurement and Transplant Network (OPTN), which matches donor organs to waiting recipients. The United Network for Organ Sharing (UNOS), located in Richmond, Va., works with 58 federally designated OPOs across the country to place donated organs locally, regionally and nationally.

*According to Medicare Conditions of Participation, every hospital must notify its local OPO upon each death or when death is about to be declared. A call is placed to the OPO that sets in motion this series of events dedicated to preserving all donation options and fulfilling the gift of life.*

A physician declares death by brain criteria or by cardio-pulmonary arrest in accordance with state law and hospital policy. After brain death is declared, the patient must remain on a ventilator before organ donation can occur. New advances in donation allow patients who have died due to cardiac arrest to be organ and tissue donors under specific parameters.

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 end-of-life options including donation possibilities such as recovery for transplantation, research, education or therapy.

Once consent is obtained, 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. A computer program identifies potential recipients based on criteria such as donor blood type and body size, and genetic tissue type, for certain organs.

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 prepped for transplant. If the surgeon declines the offer, the surgeon for the next patient on the list is called. This process can take eight to 12 hours. During this time, the donor's organs are medically maintained by the OPO coordinator and the hospital medical staff with high levels of clinical expertise to ensure viability. In accordance with federal law, recovery physicians cannot participate in the brain death declaration of the patient.

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The OPO recovery coordinator schedules the operating room and the arrival and departure of the surgical transplant teams. A 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 are usually required for removal of heart, liver and pancreas; kidneys can be removed by a local surgeon. Organs are immersed in protective solutions, packaged and sent to the waiting recipients. Tissue recoveries occur after the organs are removed. A recovery team is called to the hospital. 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, physicians, nurses and other participating hospital staff at the donor hospital. All costs relating to the procurement are billed to the OPO, including, but 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.

Donor family care is a hallmark of the role of the OPO. Specially trained OPO donor family advocates help families understand how donation intersects with end-of-life care. Advocates also provide compassion and support, even to families who choose not to move forward with donation. Advocates continue their relationship with each donor family through bereavement letters and literature, letters documenting the progress of recipients, along with ongoing advice and support, grief seminars and annual remembrance services.

OPOs comply with strict federal policies from several regulatory agencies and are mandated to provide service and education to hospitals. OPOs expand upon these directives by developing best practices to identify potential donors and provide optimal family care. In addition, OPOs continuously work on providing education for the public, media and key legislative officials about the needs and benefits of all aspects of donation as a cost-effective treatment that saves and heals thousands of lives each year.