

Donor Care Unit Resource Guide for Hospitals

Frequently Asked Questions

How many DCUs are there and what do they look like?

24 of the 56 OPOs in the country, as of December 2022. A majority of the remaining OPOs report current or pending development of Donor Care Units.



Is this because my hospital is not good at managing organ donors?

Hospitals in this service area provide state-of-the-art patient care and have developed excellent donation programs. This change will only build upon the commitment to organ, eye and tissue donation that hospitals have demonstrated, and the donor and family care you've provided.

DCUs have become the standard for donor care and management, based on research showing dramatic improvement in organ recipient outcomes. This research shows that these outcomes are not due to failures of clinical management, but instead relate to intensive, dedicated use of time, staff and resources that is not possible or feasible in every hospital. For example, an RT performing lung recruitment hourly may be able to convert non-transplantable lungs into life-saving gifts.

Outcomes of donor care units across the country have seen donation most optimized at transplant hospitals that have both abdominal and cardiothoracic transplant programs.

“DCUs relieve the strain on hospital resources required for the process of donor evaluation, management, and organ recovery. Centralizing OPO dedicated resources to provide these services in a space that doesn’t compete for hospital resources, allows the process to move quicker, which means life-saving organs can be on their way to a transplant center sooner and ultimately, positively impact recipient outcomes.”

Maximizing the gift with a donor care unit: The OPO-based approach. *The Organ Donation and Transplantation Alliance*. (n.d.). <https://www.organdonationalliance.org/insight/maximizing-the-gift-with-a-donor-care-unit-the-opo-based-approach/>

What does this mean for hospital donation programs?

Life-saving donation occurs because hospital care teams believe in it, provide exceptional care, support donation opportunities, and notify LifeSource of potential donors. These elements open the door for generous individuals and families to save lives while creating a legacy of generosity, hope and healing.

Hospital care teams share that it is an honor to care for patients and their families at pivotal moments in their lives. That will not change.

Current practices to honor the donor, family, and legacy will continue. These may include developing the Moment of Silence to be read during OR, flag raisings, honor walks to be held during the transition to helipad or ambulance bay.

Donors initiated at each hospital will be attributed to hospital donation program outcomes, and initiating hospital location will be used for allocation location.

Local Experience

Regions nurses have been participating in the transfer process since September 2022. They have expressed positive experience with this process for their donor patients and families. They have emphasized the continued strength of their hospital donation program, highlighting meaningful program elements that did NOT change:

1. Exceptional patient care is provided at our hospital.
2. Our LifeSource referral process did not change.
3. Brain death testing is done by our providers.
4. We connect families with LifeSource for donation conversations.
5. We still have flag raisings for our families.
6. Honor walks are still incredibly meaningful and are more predictable. (They happen on the way to the ambulance bay for donor transfer instead of to the OR.)
7. We still feel connected to the donor and donor family.
8. Annual Gift of Life Memorial Ceremony.
9. We still receive Donor Outcome Emails sharing what gifts were recovered.

What will the transfer look like?

LifeSource will coordinate admission to the DCU hospital. These DCUs have committed to accepting donor patients. A care team to care team connect will be arranged by LifeSource and may include APP connections, RN to RN report, and, if necessary, MD to MD connect.

Donor critical care transport will be arranged and managed by donor care units. For Mayo Clinic, transport will primarily be done by Mayo One Flight. For the University of Minnesota, transport will primarily be done by Fairview EMS ground services. LifeSource will partner with your hospital to ensure your local EMS teams are aware this is happening.

Can families refuse transfer? What if a donor is not stable enough to transfer?

The overwhelming national experience with DCUs has been that families of potential donors accept transfer as part of standard donation process and report positive experiences with donation overall.

In the rare event that a family objects to their loved one's transfer or a patient is too unstable to transfer to a DCU, LifeSource will partner with the hospital on accommodating a local recovery.

Can families go to a DCU with their loved one? Not everyone can afford to travel a long distance, who covers that cost?

Nationally, most families have said goodbye to their loved one at the hospital prior to their loved one's transfer to the Donor Care Unit. Additionally, families have shared a sense of relief when they are provided the guidance that they can say goodbyes and return to their homes. Therefore, travel will not be offered to families as standard.

While the exception, for those families who request to travel with their loved one, each DCU hospital has committed to providing resources and support for families. These resources include assistance with travel and accommodation.

What is the financial implication of transferring donors?

LifeSource will continue to reimburse the initiating hospital charges that are related to donation. LifeSource's finance team works closely with hospital Patient Billing contact to review charges. All bills will be reviewed and paid according to CMS's guidelines on hospital costs for donation, which are intended to cover costs and avoid undue burden on hospitals. Hospitals will not lose reimbursement opportunity by transferring donors. LifeSource Finance Team is available to discuss additional specific questions: ap@life-source.org.

What happens following donation?

LifeSource arranges transport to the funeral home that the family has selected. All donation-related costs are covered by LifeSource. No donation-related expenses are covered by families.

NASEM Report Summary

Realizing the Promise of Equity in the Organ Transplantation System

National Research Council. 2022. *Realizing the Promise of Equity in the Organ Transplantation System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26364>.

Recommendation 11: Require the establishment and use of a donor care unit for each organ procurement organization.

3 MODELS OF DONOR CARE UNITS:

- 1. Organ Procurement Organization (OPO) Managed DCUs
 - Smaller in structure.
 - Located in the OPO building.
 - OPO staff are trained to perform all donor management and testing procedures.
- 2. Partnership with Community Hospitals
 - Critical care beds and ORs designated for donor management and surgical recovery of organs.
 - Hospital staff provide bedside care.
 - OPO staff medically manage the donor.
- 3. Partnership with Transplant Center
 - After declaration of death by neurological criteria, donors are transferred from the donor service area hospitals to the DCU housed in transplant center.
 - Staffing is the same model as Community Hospital model.

KEY BENEFITS OF DCUS

- BENEFITS TO DONOR HOSPITALS
 - Opens valuable ICU bed space and staff.
 - Relieves strain on OR staff and resources.
 - Relieves staff who are less familiar with the donation process due to unfamiliarity with infrequent donation events.
- BENEFITS TO DONOR FAMILIES
 - Post-donation surveys of DCU experiences by donor families show average results of 9.75 out of 10 for overall family satisfaction.

- Avoids variability and uncertainty in OR timing. Families are often distressed by set times for recovery being “bumped” for traumas and emergency procedures. DCUs have dedicated OR times that will not be bumped for these critical events.
- IMPROVED AND SUSTAINED INCREASE IN ORGAN OUTCOMES
 - Mid America Transplant in St. Louis saw a 71% increase in lung transplantation following the implementation of DCU.
 - The same OPO saw a 6% increase in organs transplanted from “Standard Criteria Donors”¹ and an 18% increase in organs recovered from “Expanded Criteria Donors” compared to the national average of hospital recoveries.²
- COST EFFECTIVENESS AND FINANCIAL STEWARDSHIP
 - Nationally, DCUs have demonstrated significant cost savings when compared to hospital-based donation events.
- RESEARCH AND INNOVATION
 - DCUs have a higher potential for clinical research in organ donation.
 - The transfer of a relatively uncommon patient population to one central institution.
 - Centralized locations allow for the storage, use and study of new transplantation technologies such as ex-vivo perfusion devices.

Initially, medical and nursing staff expressed concern about losing a connection with the donation process, however, the implementation of high touch ceremonies that include hospital staff (e.g., honor walks, flag raisings) have kept physician and nursing engagement high.

¹ A designation that is not used any longer, but indicates, generally, a donor 50 years of age or younger who experienced brain death from any number of causes.

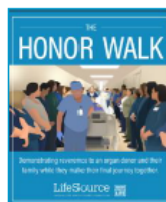
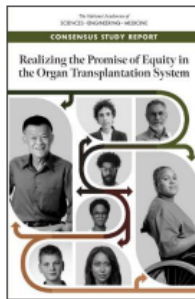
² Again, a designation no longer used, but refers to a donor over the age of 60, or over the age of 50 with specific disease states that would permit the transplantation of a pair of kidneys being transplanted into a single recipient.

DCU

Donor Care Unit

Increasing life-saving transplants through specialized donor care units

- In cooperation with LifeSource, our hospital donation program will begin utilizing donor care units beginning in fall 2023.
- Donor care units have become the standard of care in deceased donor organ transplants and a recommended practice by the National Academies of Sciences, Engineering, Medicine (NASEM).
- Transport to the DCU will be exclusive to stable, brain dead donors at this time.
- After brain death is declared and donation is authorized, either by documented First Person Authorization (FPA) or by authorization from the legal decision maker, the donor will be transported via Mayo Critical Care Transport to Mayo Clinic or via M Health Fairview EMS to the UofM for completion of the donation process and surgical recovery of gifts.
- Donor families are given the option to say their good-byes at the hospital, or move to the donor care unit.
- Flag raisings and honor walks will continue as a meaningful, important part of family care and support at our hospital.
- LifeSource staff will be available to support hospital team members in real time.
- DCU huddle education for ICUs will be scheduled.



Benefits:

- Donation process timing for families is more predictable and better defined.
- Donation can take place without the challenges and time constraints of busy hospital ICUs and ORs shortening the donation case time for families.
- DCUs have demonstrated a sustainable increase in organs transplanted per donor.
- The generosity of donors and donor families has the potential to be enhanced through additional lives saved.
- The donor's care pre-donation and their legacy of lifesaving will remain connected to our hospital and our donation program.
- Post donation surveys done by current DCU facilities report a 9.75 out of 10 for overall satisfaction.
- Families report a sense of pride in having donation take place in a cutting-edge facility dedicated to donation.

Please contact your LifeSource Liaison with thoughts and questions.

<https://www.life-source.org/liaisons/>

LifeSource 
ORGAN, EYE AND TISSUE DONATION

August 2023

The Alliance Hospital Executive Insights



Maximizing the Gift with a Donor Care Unit: A Hospital-Based Approach

The recent [report](#) from the National Academies of Sciences, Engineering, and Medicine (NASEM), outlined several recommendations for OPOs and Transplant Centers to consider to eliminate variations in performance measures and reduce the nonuse of donated organs. Establishment of one or more Donor Care Units ("DCU") within each OPO service area is one of those recommendations that could have a significant impact on caring for donor families, honoring the gift of donation and saving more lives. A hospital based DCU is a partnership between the OPO and one of its hospital partners where the hospital acts as the receiving facility for consented organ donors and provides dedicated ICU and OR space and staff. A well-established DCU aids OPOs in improving organ viability and increasing the yielded number of organs recovered per donor. It offers a dedicated team focused on facilitating those goals while simultaneously providing care for the donor and the donor's family. The current model where donation cases are managed at dozens of individual hospitals on an infrequent basis consists of superimposing donor management and organ recovery needs on top of a busy ICU and OR service's clinical routine. This results in the OPO team depending on interventions and procedures performed by the ICU teams which commonly have a relatively unpredictable time of completion, inconsistent family visitation, and reduced certainty for the scheduling process when facilitating the donor's operating room time.

Donor Management Protocols & Recipient Benefits

The efficiencies created with expertise in a DCU will reduce overall time from donor admission to recovery and reduce potential organ decline with prolonged donor management. There are opportunities to facilitate quality improvement and clinical care protocols which can be organized to specifically improve outcomes and organs procured. These protocols are not simply limited to the types of medication infusions or diagnostic tests that are required, but can additionally include therapeutic interventions and prophylactic interventions to enhance organ function. For example, early implementation of prone positioning or more aggressive anticoagulation can improve the potential for donor lungs to be accepted and reduce the likelihood of venous thromboembolism, respectively.

Optimizing organ donation through a DCU benefits transplant recipients in a number of ways. Consistent and standardized donor care with experienced staff improves overall donor management and the quality and yield of organs recovered. With improved quality and yield of organs recovered, more candidates are able to benefit from transplantation with improved post transplant outcomes. In addition, having a DCU centralized within a hospital with a transplant center allows for a reduction in transport time of the recovered organs to the recipient operating room thereby reducing ischemic time impacts on organ quality.

Donor Family Benefit

Providing support and care for donor families during the recovery process can be challenging in existing hospital ICU models. The focus on family support and honoring donors is another key benefit of having an established DCU where there's a dedicated team of trained social workers, palliative care professionals, and pastoral care support who can effectively care for families during this critical period of mourning.

Financial Benefit (Cost-Savings):

Organs recovered at transplant hospitals can be counted as Medicare organs on the hospital's Medicare Cost Report, thus increasing the Medicare transplant ratios and reimbursement from CMS. The financial benefit to a hospital hosting a DCU will vary depending on how many and which types of organs are transplanted at the hospital, the mix of Medicare patients receiving these organs and the hospital's cost of operation. In general, increased reimbursement from CMS will range between \$20,000 and \$40,000 per organ recovered resulting in funding available to offset the vast majority of costs associated with the DCU. In addition, the OPO can provide resources to ensure the impact on the hospital from a financial perspective is positive.

Impact on Hospital Resources

INTEGRATED HOSPITAL ICU & DCU

Integrating the donor transfer volume into existing operations, or identified beds within an existing ICU, allows the resources to flex with accompanying volume. As long as a hospital has room for increased capacity, the donor transfer volume is absorbed into resource allocation of inpatient bed allocation. Evaluation diagnostics are treated as "urgent/staff" to accommodate timing constraints and shorten the length of stay of the donor, which is absorbed in standard resource allocation for urgent/staff diagnostics. As an added benefit, when located within transplant hospitals, these services are typically available at all hours to accommodate donor cases.

IN-HOSPITAL STAND ALONE UNIT

Given that the physician and nursing teams are specifically available for donor care 24 hours a day/7 days a week, there is no delay in facilitating donation specific care. While hospital resource utilization is not reduced overall, the centralized location and staffing of the unit allows for improved timing for Diagnostic imaging and Interventional Cardiology assessments. This is in large part due to the fact that DCU staff are able to tightly coordinate procedures across all the services and have a dedicated physician team who can facilitate consultation service escalation when necessary.

OR Scheduling and Cath lab scheduling may be a significant resource impact for hospitals due to the need for on-call/after hours staff utilization. To reduce the impact on scheduled OR volume/cases, hospitals may want to consider designating a separate OR room and staffing with a call team to prevent displacing routine OR volume. The DCU model is flexible and can be tailored for best results. If the DCU will handle significant volumes, dedicated facilities and staff may be optimal. Utilization of existing facilities may be best for lower volumes or at the start of the program.

Summary

In designing and implementing a DCU, the most important thing to keep in mind is to focus on the donor and the donor family. This improved experience not only helps facilitate donation in a way that maximizes the gift but also helps provide support to the family throughout the grieving process in a way that truly helps us serve our communities.



The executive insight series is designed for healthcare senior executives. These brief, bi-annual issues focus on topics relevant to top-tier hospital leadership.

For additional info on this topic, visit:

ORGANDONATIONALLIANCE.ORG/INSIGHT



To register as an organ, eye and tissue donor, visit RegisterMe.org
Donate Life is a registered trademark of Donate Life America

Donor Care Unit National Experience

A Novel Organ Donor Facility: A Decade of Experience with Liver Donors.

Doyle MBM, Vachharajani N, Wellen JR, Lowell JA, Shenoy S, Ridolfi G, Jendrisak MD, Coleman J, Maher M, Brockmeier D, Kappel D, Chapman WC. A novel organ donor facility: A decade of experience with liver. American Journal of Transplantation. 2014;14(3):615-620.

[https://www.amjtransplant.org/article/S1600-6135\(22\)25377-5/fulltext](https://www.amjtransplant.org/article/S1600-6135(22)25377-5/fulltext)

One concern that we had moving donors to the OPO facility was that the donor families would object to the move of their loved one, especially out of their hometown. Fortunately, this has only rarely occurred, as attested to our 93% rate of in-house recovery, in the last year of review.

The First 2 Years of Activity of a Specialized Organ Procurement Center: Report of An Innovative Approach to Improve Organ Donation.

Marsolais P, Durand P, Charbonney E, Serri K, Lagacé A-M, Bernard F, Albert M. The first 2 years of activity of a specialized organ procurement center: Report of an innovative approach to improve organ donation. American Journal of Transplantation. 2017;17(6):1613-1619.

[https://www.amjtransplant.org/article/S1600-6135\(22\)25021-7/fulltext](https://www.amjtransplant.org/article/S1600-6135(22)25021-7/fulltext)

The University of Montreal created a specialized organ procurement center (OPC) within their facility. This article outlines the experience and outcomes within the first two years of that implementation.

Specialized Donor Care Facility Model and Advances in Management of Thoracic Organ Donors.

Bery A, Marklin G, Itoh A, Kreisel D, Takahashi T, Meyers BF, Nava R, Kozower BD, Shepherd H, Patterson GA, Puri V. Specialized donor care facility model and advances in management of thoracic organ donors. Annals of Thoracic Surgery. 2021

<https://doi.org/10.1016/j.athoracsur.2020.12.026>

The specialized donor care facility model has been shown to improve the efficiency of organ donor management and procurement while reducing costs and minimizing travel and its associated risks.

Mid-America Transplant OPO Recovery Center Experience

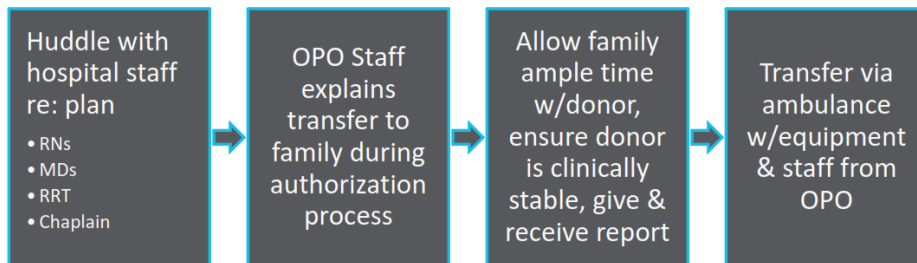


OPO Recovery Center Experience

Diane Brockmeier
President & CEO



The Transfer Process



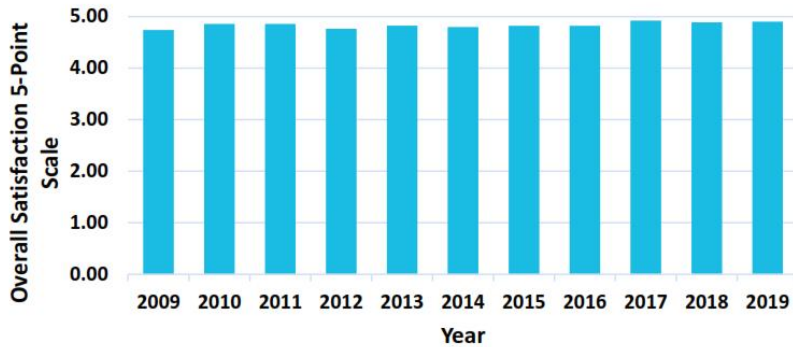
Communication: *What do we tell the families?*

These are the next steps:

- Transferring to a “Specialized center” for organ recovery
- Timing forecasts can be accurate
- Donor procurement isn’t delayed by traumas, etc.

Donor Family Overall Satisfaction With the Centralized OPO Facility's Donor Process Has Remained Consistently High

How would you rate your overall satisfaction with Mid-America Transplant, on a scale of 1 to 5? (1=not at all satisfied; 5=very satisfied)^{1-3,a}



Mid-America
TRANSPLANT



^aDonor family satisfaction was assessed by a survey mailed to all families 6 weeks after the gift of donation. ^bOverall satisfaction scores of OPO organ donor families on a 5-point scale.
1. Doyle M et al. *J Am Coll Surg*. 2016;222(4):591-600. 2. Doyle MBM. ASTS 16th Annual State of the Art Winter Symposium. <https://vimeo.com/161232428>. Published January 15, 2016. Accessed June 24, 2016. 3. Data on file. Family Satisfaction Survey. Novartis Pharmaceuticals Corp; 2016.

Outcomes Realized

- Increased yield of organs per donor
- Dedicated testing and donor management strategies
- Transplant center OR times optimized for recipients
- Minimized safety risks moving donors vs multiple recovery teams
- Decreased cold ischemic time
- Cost savings/containment
- Reconditioning/perfusion of organs
- Improved donor hospital satisfaction
- Improved transplant center satisfaction
- Improved staff satisfaction

