

# THE ENHANCEMENT OF ORGAN DONOR CONVERSION THROUGH DIMINISHED DECOUPLING

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# Disclosures

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- Speaker honoraria from Ferrer Therapeutics

# The Physician and Organ Donation

## □ Decoupling

- A process where the request for organ donation originates from those not directly caring for the patient.
- It only occurs once the medical team has confirmed brain death and clearly communicated this to the family.

# Brain Death

- Complete cessation of all Neurological Function
- Varying protocols for determination of brain death arising from different professional associations and hospitals
- Bottom line, one complete Neurological exam with apnea test by an individual qualified to perform it (Neurologist, Neurological Surgeon) with a clear identifiable reason for the brain death

# Family Preparation

- One benefit of a second exam after six hours or performance of a confirmatory test is the time delay allowing family to adjust
- Show scans if family desires
- Let them see the exam (but explain spinal reflexes before that happens)
- Let them see the physician and nurses continuing to try to sustain life and looking for improvement
- Loosen visitation hours and rules about number of people in room
- Provide a private room for the family, if possible, and availability of a chaplain as well as creature comforts

# Brain Death is Death

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- The most important communication point to the family is.....
  - Upon completion of the brain death process, this is the patient's legal time of death.

# Physician Education regarding Delivery of Bad News

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- Highly variable
- Usually by observation than practice
- Some have more formal education with video taping of news delivery than analysis of tape

# The Pregnant Pause

- My former biggest discomfort in the brain death process
- With decoupling, I was taught deliver the news then go find the OPO representative and allow them to speak with the family.
- Awkward
- Suggested a discomfort with organ donation in the medical team when one didn't exist.

# The Family Support Coordinator

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- An invaluable member of the team
- If this individual is a separate person from the organ donation coordinator, then he/she can truly be available for the family for detailed questions during consent and remain present after consent for support.

# Our Hypothesis

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- The act of the physician leaving the room after brain death news delivery in order to introduce the family support coordinator, and then not remaining in the room, loses the consent opportunity.
- In other words....by diminishing decoupling, we felt we could improve our consent rates.

# Prior Evidence

- None to date on this specific question.
- Many studies have shown decoupling assists in establishing trust in families that their loved one has been cared for by the medical team to fight disease and not to recover organs.
- However, other studies have shown that if trust is established prior to brain death or during the process of diagnosing it then families are much more comfortable after the fact with their decision to donate.
- Families consistently list trust in, and comfort with, the medical team as a major factor in deciding to donate.

# Our Hospital and Unit

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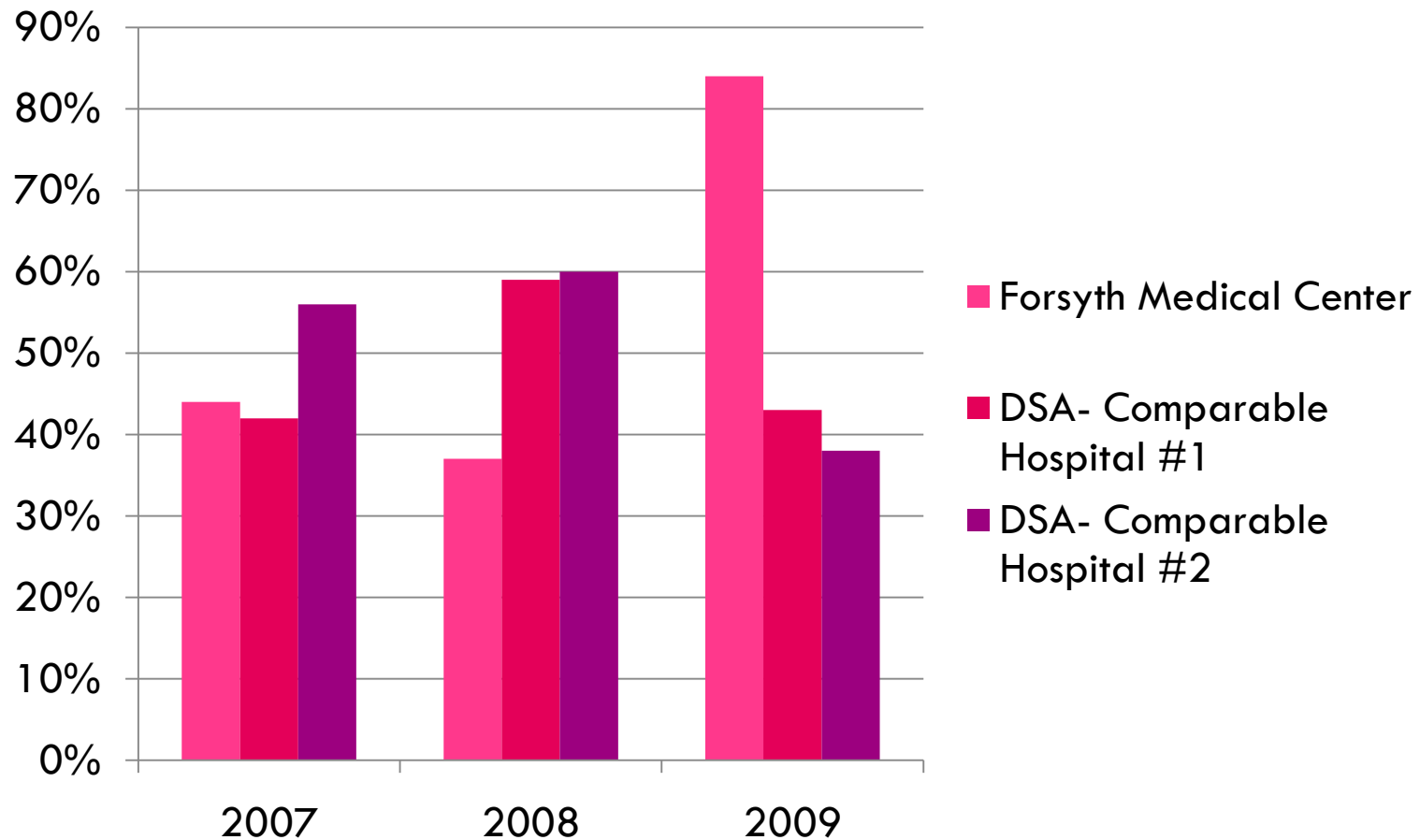
- Level II Trauma Center
- Tertiary Care Community Hospital (1 000 beds)
- 10 bed Neurointensive Care Unit
- 3 Fellowship trained Neurointensivists
- Specialty trained Neurointensive care Nurses.

# Our Methods

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- Decoupling was diminished effective January 1, 2009 by all Neurointensivists.
- Data was retrospectively reviewed from 2007-2008 when decoupling was still occurring.
- Data was also compared to hospitals of similar size in the DSA (donation service area) in North Carolina.

# Conversion Rates for Forsyth vs. Two Comparable Hospitals in the DSA



# Results

- We had a two-fold increase in the conversion rate for the first six months of 2009 over the previous two years.
- 87-92% of donors originate from our hospital's Neuro-ICU or have a Neurointensivist consulting if in a different ICU.
- First person consent donors were not included.
- The only changed variable was diminished decoupling.
- The rate of referral, timely notification, and appropriate requester did not change significantly.

# Conclusions

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- Diminishing decoupling improved our organ donation conversion rate.
- The presence of a physician familiar to the family during the organ donation request may enhance organ donation conversion in non-first consent potential donors.
- Physicians should consider working with the OPO and FSC to try this process especially if the institution's conversion rates are low.

# Future studies

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- Continuation of this protocol in the Neurointensive care unit to capture multiple years.
- Pulmonary Critical Care will diminish decoupling beginning January 1, 2010 allowing this to be a hospital-wide technique.
- Inclusion of DCD cases

# My daily motivation.....

