

## THE ROLE OF CRITICAL CARE NURSES IN THE ORGAN DONATION BREAKTHROUGH COLLABORATIVE

Linda M. Tamburri, RN, MS, APN,C, CCRN

### The Gap and the Goal

For more than 2 decades, the number of patients in the United States waiting for organ transplantation has grown steadily while the number of organ donors has remained relatively unchanged. A graph of the data shows an ever-widening gap between these 2 groups. From January to November 2005, organ transplants from deceased donors totaled 19 621, far below the number needed for the nearly 91 000 patients waiting for a transplant.<sup>1</sup>

The US Department of Health and Human Services (DHHS) reported that of an estimated total of 14 000 potential donors in 2002, only 6617 actually became donors.<sup>2</sup> The national donation rate was 46%, and more than half of potential donors did not become actual donors. DHHS also reported significant variations among large hospitals across the country, with donation rates ranging from 0% to 100%. Clearly, some hospitals and organ procurement organizations (OPOs) had practices that resulted in high donation rates, whereas others did not. It was thought that defining and sharing these practices with other organizations could increase donation rates nationwide.

In 2003, DHHS initiated the Organ Donation Breakthrough Collaborative (referred to as the

Collaborative), with the goal of “saving or enhancing thousands of lives a year by spreading known best practices to the nation’s largest hospitals, to achieve organ donation rates of 75% or higher in these hospitals.”<sup>2</sup> Approximately 425 people participated in the initial phase of the Collaborative, forming multidisciplinary teams from 95 large hospitals and 43 OPOs. Collaborative members represented all aspects of the organ donation and transplantation community, including critical care nurses, organ procurement and transplant coordinators, hospital administrators, physicians, clergy, social workers, family members of organ donors, and transplant recipients.

### The Work of the Collaborative

A series of 6 national learning sessions held between September 2003 and May 2005 provided the work environment for Collaborative teams to share best practices and learn how to make rapid improvements in processes related to organ donation. After each learning session, teams returned home, where they adapted these best practices to the unique needs of their organizations and then implemented changes and tested the results. The teams then attended the next learning session ready to share their findings on the new practices that had generated positive results.

In order to maintain the momentum and flow of information between sessions, learning continued through an e-mail listserv, a resource Web site, and frequent conference calls. Teams collected data monthly on a variety of measures of the

**It was thought that defining and sharing these practices with other organizations could increase donation rates nationwide.**

*Linda M. Tamburri is a clinical nurse specialist in critical care medicine at Robert Wood Johnson University Hospital, New Brunswick, NJ.*

To purchase electronic or print reprints, contact The InnoVision Group, 101 Columbia, Aliso Viejo, CA 92656. Phone, (800) 809-2273 or (949) 362-2050 (ext 532); fax, (949) 362-2049; e-mail, reprints@aacn.org.

donation process and outcomes and then reported their results to the Collaborative. In an 18-month period, donation rates for first-phase Collaborative teams increased from 43% to 69%. As a result, an additional 1390 organs were transplanted during 2004 compared with 2003.<sup>3</sup> This increase was a historically unprecedented improvement in organ donation and a significant step toward reaching the Collaborative's goal of a 75% donation rate.

### **The Spirit of the Collaborative**

Although the work of the Collaborative was a driving force in making substantial advances in donation rates, an equally important factor was the spirit in which this work was conducted. From the beginning, the energy of this group felt different from that of other work groups. There was a palpable sense of purpose and determination at every meeting. There was a belief that this was an unparalleled opportunity to turn the tide in favor of those waiting for transplants. And although it was data that documented our progress, we looked beyond the numbers to the human impact of our work.

The word collaborate means to cooperate, work in partnership, and pool resources. This initiative, however, went far beyond simple cooperation or the exchange of information. It exemplified the powerful changes that a group of people can make when they are passionate about their purpose, focus on their common goal, and generously share their talents and resources. This synergy defined the spirit of the Collaborative.

### **Celebrating and Advancing the Results**

The first National Learning Congress on Organ Donation was held in May 2005 to further share the best practices developed by the Collaborative and to recognize those organizations that achieved the Collaborative's goal. A total of 184 hospitals and 49 OPOs were awarded the DHHS Organ Donation Medal of Honor for achieving 75% donation rates.

The success of the donation collaborative led to the formation of an Organ Transplantation Breakthrough Collaborative, with the goal of increasing the number of organs transplanted per donor from a mean of 3.06 to 3.75. This anticipated improvement, in combination with the continuing results of the donation collaborative, could double the number of transplantations performed in the United States.<sup>4</sup>

The National Organ Donation Spread Initiative is responsible for disseminating the best practices of both the

donation and transplantation collaboratives to the large hospitals that care for 90% of all potential donors. Best practices will be spread regionally by teams of OPO and hospital improvement leaders and nationally at the second National Learning Congress, scheduled for October 2006. In addition to DHHS, other national organizations are endorsing the practices of the Collaborative. In its white paper<sup>5</sup> on narrowing the organ donor gap, the Joint Commission on Accreditation of Healthcare Organizations recommends that hospitals create a culture in which organ donation is a priority and that hospitals implement the donation collaborative's best practices. The commission is currently working with the transplant community to develop new hospital standards that incorporate many of the critical features of the donation collaborative.

### **The Role of Critical Care Nurses**

Critical care nurses were an integral part of the donation collaborative and made their contributions in a variety of roles. They were leaders serving on the faculty of the Collaborative, educating teams and guiding the teams' progress. They were members of hospital/OPO teams participating in learning sessions, building multidisciplinary relationships, and testing and refining practices. They are continuing the work of the donation collaborative in the Spread Initiative as members of national improvement leader teams. And collectively, critical care nurses were represented by the American Association of Critical-Care Nurses on the Collaborative's National Leadership Coordinating Council.

As one of its commitments to the Collaborative, the association has compiled articles in this dedicated issue of *Critical Care Nurse* that reflect the work and the spirit of the Collaborative. Many ways exist in which the best practices of the Collaborative can become common practice in your critical care unit. Making this happen can be your role. Actions you can take include the following:

- Refer all potential donors: Know how to identify a potential donor in your unit, be familiar with your hospital's criteria for clinical triggers, and call your OPO promptly.
- Partner with your OPO: Introduce yourself to OPO coordinators when they are evaluating a potential donor in your unit and help them become part of your team. Ask your OPO to share information and resources from the Collaborative, and work with the OPO to implement changes.
- Become a donor "champion": Speak with your colleagues about the importance of supporting organ dona-

tion. Help them understand the benefits of donation, including improved health for transplant recipients and comfort for grieving families of donors. Sign a donor card or join a registry, and tell your family about your decision to donate. Participate in activities to increase awareness of organ donation in your community.

- Advocate for your patients and their families: Honor your patients' last wishes, including those related to donation. Uphold a family's right to be offered the option of organ donation. Promote compassionate communication between the healthcare team and patients' families.

- Educate yourself and your colleagues: Become knowledgeable about the issues surrounding organ donation. Select one of the articles in this issue and discuss it with your peers in a journal club. Invite your OPO to conduct in-service training sessions in your unit.

- Be a change agent: After providing care to a potential organ donor, conduct an "after-action review" meeting with all team members to discuss the process and outcomes. Focusing on system issues, examine what went right and what needs to change to ensure future success with your next donor.

- Understand the data: Ask to see data about your

hospital's performance on measures of processes and outcomes related to organ donation, and compare these data with national benchmarks. Offer suggestions for implementing best practices and improving your hospital's performance. Commit to joining the national effort in achieving a donation rate of 75% or higher.

Each day, 17 patients die waiting for an organ transplant.<sup>2</sup> The donor gap that has grown for decades may now begin to narrow, but those who wait need your help. Your participation is crucial. Your actions will save lives.

### References

1. United Network for Organ Sharing. Data for January-November 2005. Available at: <http://www.unos.org/data/default.asp?displayType=USData>. Accessed February 15, 2006.
2. Charter for the Organ *Donation* Breakthrough Collaborative. US Department of Health and Human Services, Healthcare Resources and Services Administration, Division of Transplantation. Available at: <http://www.organdonationnow.org>. Accessed March 7, 2005.
3. Organ Procurement and Transplantation Network. Based on data as of August 19, 2005. Available at: <http://www.optn.org/latestData/viewDataReports.asp>. Accessed August 30, 2005.
4. Organ *Transplantation* Breakthrough Collaborative. US Department of Health and Human Services, Healthcare Resources and Services Administration, Division of Transplantation. Available at: <http://www.organdonationnow.org>. Accessed August 30, 2005.
5. Joint Commission on Accreditation of Healthcare Organizations. Health Care at the Crossroads: Strategies for Narrowing the Organ Donation Gap and Protecting Patients. White paper published June 2004. Available at: [http://www.jcaho.org/about+us/public+policy+initiatives/organ\\_donation\\_white\\_paper.pdf](http://www.jcaho.org/about+us/public+policy+initiatives/organ_donation_white_paper.pdf). Accessed February 15, 2006.