The number of patients needing a lifesaving organ transplant is rising, with more than 123,000 candidates currently on national waiting lists. The number of donors, however, remains relatively flat, with just over 20,000 transplants performed in 2012. Because of this shortfall, an average of 22 people die waiting for a transplant each day.

How can hospitals help narrow the organ donation gap while achieving maximum use from the limited number of transplants available? Experts say technological advances, building relationships and improving quality programs all add up to saving lives.

Reaching Out

Boosting organ donation rates starts in the community, says Lynn Tarkington, AVP, HealthTrust Physician Services.

“Many transplant coordinators do a lot of local education around organ and tissue donation,” she says. Hospital campaigns to increase organ donation rates can be very successful, with one recent nationwide campaign achieving a 30 percent increase in donor registrations.

In addition to educating the public to raise awareness, hospitals should also focus on better collaboration with the transplant community.

“Transplant coordinators need to build an ongoing relationship with tissue banks, organ transplant societies and physician transplanters,” Tarkington says.

Bridging the Gap

While raising awareness can make an impact on donor enrollment, transplant patients in many areas of the country still experience extended wait times. According to Tarkington, hospitals can help these patients using advanced medical technology like ventricular assist devices and artificial hearts.

“It’s not as good as getting a transplant, but it can extend the patient’s life while waiting for a transplant,” she says. She points to former Vice President Dick Cheney, who received a left ventricular assist device (LVAD) in 2010 before undergoing a full transplant in 2012.

“Without that temporary bridge to transplant, he probably wouldn’t be alive today,” Tarkington says.

Hospitals can also leverage advances in medical research for more successful organ recovery, says James Pittman, AVP of Transplant Services for HCA.

“Because organ recovery is episodic and infrequent, hospitals often have opportunities to improve,” he says. Pittman urges hospitals to do this by partnering closely with their local organ procurement organization (OPO) and embracing new best practices.

He points to research on the protective effect of hypothermia on organ function, where a person near-drowning in freezing water is less likely to sustain anoxic brain injury than if it happened in a swimming pool.

“Researchers applied that science to transplants, showing how cooling a deceased donor body prior to organ recovery leads to a marked decrease in delayed graft function,” Pittman says.

He also notes that emergency departments aren’t always consistent about notifying the OPO prior to a patient’s death. While it can bring comfort to know a loved

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one saved another person’s life, grieving families sometimes miss the opportunity to donate organs because timelines can be very short.

Focusing on Quality
The shortage of available transplants has put sharp focus on quality outcomes, creating intense pressure to achieve maximum useful life from every organ. It’s one reason why patient outcomes continue to improve, with national year-one survival rates for some transplant types above 95 percent.

The Centers for Medicare & Medicaid Services (CMS) requires transplant centers to implement a quality assurance and performance improvement (QAPI) plan. The plan includes processes to identify high-risk problems, track corrective actions and measure performance against benchmarked data. However, Pittman says compliance alone won’t lead to meaningful progress.

“When people say they need a QAPI plan because of the CMS, it tells me they just don’t get it,” he says. “We’re not doing it so the CMS can check the box. We’re doing it in the pursuit of improvement, so we can keep getting better.”

A central focus of the QAPI plan is effective use of data, including robust statistical analysis, patient surveillance and translation of data into practice. The Scientific Registry of Transplant Recipients (SRTR) publishes reports on all U.S. transplant centers, allowing hospitals to compare their performance and identify weak areas.

Pittman says continuous improvement of patient outcomes requires transplant programs to invest in dedicated quality analysts who aren’t tied to other roles.

“It’s one thing to do descriptive statistics when you have low-hanging fruit, but when performance begins to plateau, you have to get more sophisticated,” he says. “That requires multivariate analysis, and it requires smart people coming up with interesting observations and hypotheses to test.”

Of course, patient compliance is still a wild card in transplant outcomes. Organ rejection or death can occur if patients don’t avoid certain risks or maintain immunosuppressive drug regimens.

“When someone gives this wonderful gift, and the person receiving the transplant isn’t a good steward, it’s devastating,” Pittman says. While helping patients navigate the process is important, QAPI plans should include measures to assess the patient’s ability to follow through, such as monitoring kidney transplant candidates for dialysis compliance.

“Are they late? Do they come heavy [referring to their fluid overload levels, which is directly related to the patient’s diet]? Are they following the regimen?” Pittman asks.

In the end, the focus on outcomes is about more than just numbers. It’s about recognizing the precious opportunity offered by patients and families.

“To give someone else joy during such a harrowing time is something I have tremendous respect for,” Pittman says. “I consider that gift to be almost sacred.”