

Making Donation Happen Through Adversity: Complex Case Studies

**REAL OPTIMISM
KNOWS THE
DIFFICULTIES BUT
BELIEVES THEY CAN
BE OVERCOME**

WILLIAM ARTHUR WARD

Nevertheless, we persisted.

Tom Scullard

Hennepin County Medical Center RN,MSN,CCRN

Mary Prince

LifeSource, RN/DC

Patient



- 45 year old male
- Severe ETOH use for 31 years
- Hypertension for >10 years
- EMS: Ventricular fibrillation leading to Pulseless Electrical Activity (PEA)
- 60 minutes down time with 15 minutes CPR
- Cause of death: anoxic encephalopathy secondary to alcohol poisoning
- High neuro function

Family

- Patient was from Germany, where his mother still lives.
- Other family included his, brother, ex-wife, and 12 year old son
- Very supportive of donation

Challenges and Concerns

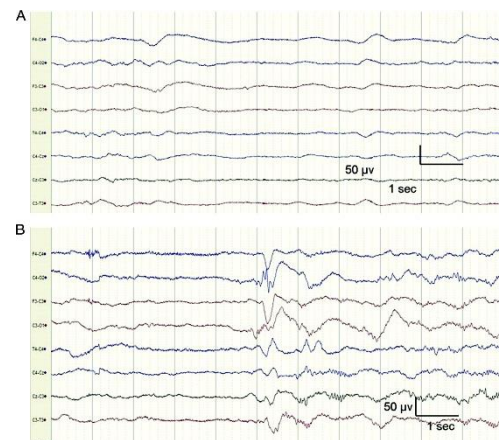
- Patient's history of HTN and ETOH
- Mayo and University of MN transplant MD's were concerned with PMH and level of neuro function and cautioned that donation may not be possible
 - Not sure donation should move forward
- HCMC staff shared these concerns

Hennepin County Medical Center



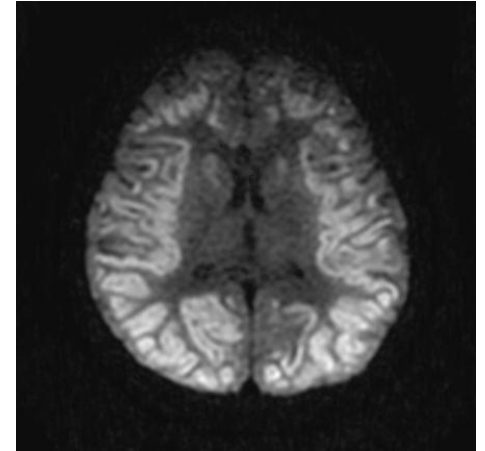
Care Providers

- LifeSource was called within 20 minutes of arrival to MICU
- Post cardiac arrest therapeutic temperature management initiated for 24 hours
- Myoclonus: sedated and paralyzed
- Rewarmed to 36.5
- Neurology consult with EEG/MRI



Care Providers and Family

- Signs of anoxic brain injury
- Family care conference
 - Comfort care
 - LifeSource
- Family decision: to OR within 48 hours
- Multiple different thoughts on donation



Care Provider Thoughts

- Not a candidate for organ donation
 - Not brain dead
 - Over-breathing vent
- DCD
 - Would not die within the time frame
 - What could he donate?



Care Provider Thoughts

- Good that family and patient wanted to donate.
- Will he be able to donate anything with his history?
- Maybe someone could use his organs as a bridge to another one?

Care Provider Thoughts

- I know recipients that take on characteristics of donor.
- I have no problem with donation but I would not want that organ if it was me.
- Some organ is better than no organ.
- Do it for the family.



Decision

- Should we move forward with donation?
 - Conference call to discuss challenges, concerns, and whether to move forward
 - Family very motivated to honor the donor's decision; withdrawal of support was going to happen with or without donation
 - LifeSource and HCMC continued to support the family, being open and honest about the unknown and challenges posed for donation

Final determination of transplant suitability is always based on visualization of the organs, associated anatomy, and biopsy results

Outcome

- Patient died 25 minutes from time support was withdrawn
- Intraoperative liver biopsy: <10% macrosteatosis, <10% microsteatosis, minimal fibrosis, minimal inflammation and no necrosis.
- Final LFT's were normal
- Liver was transplanted

Key Learning

- Despite concerns, no conclusive evidence to rule out donation and not honor the donor's decision
- Assessment of likelihood to arrest is not exact; must weigh risk of not arresting vs honoring donor and family's donation decision
- Multiple red flags with this case; “Can't judge a book by its cover”
- Always refer potential donors

Purpose

- Liver recipient is a 48 year old MN woman
 - She sent a card to donor's family thanking them for a second chance at life
- Heart and lungs were gifted by the family for research at the University of MN
- Family helped the donor to create a legacy of life through his gift

What Questions Do You Have?



Identity Unknown

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Advanced Practice Donation Coordinator, LifeSource

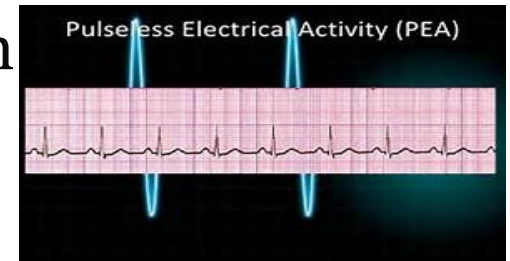
Sanford Medical Center Fargo





15/2016: John Doe

- Male acting erratically in Sanford University parking lot
- EMS called; Behavioral health interventions initiated
- EMS transport; PEA arrest; Resuscitation efforts initiated
- Arrived at Sanford Broadway
- Drug screens positive for marijuana and amphetamines
- Therapeutic hypothermia initiated





5/16/2016: Critical Care

- Patient remained in hypothermia
- Rewarm to start at 1700
- Still no patient identification and no family present

5/17/2016: Declining Status



- Sudden change in status: pupils fixed; neurology consulted; drastic change in CT scan
- **LifeSource contacted**
- Patient remains unidentified without history or family notification
- Sanford Case Management contacted Fargo Police Department for STAT finger prints.

5/18/2016:

Brain Death Declared



- Brain death determined @ 0930
- Identity remains unknown
- Fingerprints expected to be ready by police on Thursday
- Physicians and staff questions: Ethics committee consulted
- Coroner gave permission to continue
- LifeSource assumed care and appropriate tests completed



5/19/2016: Care Continued

- Patient remains unidentified
- Fingerprints have not been concluded
- No family present
- LifeSource and hospital continued cares in support of donation



5/20/2016: Continued Search & Support

- LifeSource remained in contact w/ Coroner and State Attorney
- Despite preliminary print results, Coroner unable to confirm patient identity yet
- Social Media identification of patient r/t body markings
 - Continued questions from staff r/t family notification
- Authorization for donation provided by Coroner



5/20/2016: Connections

- Preliminary identification of patient
- Access to patient records granted and chart reviewed
- Coroner and Fargo PD developed plan to contact family though could not happen before donation would proceed
 - Ok to proceed with donation



5/21/16: Donation Happens

- Patient transported to OR for organ recovery at 0545
- LifeSource and hospital team continued with donor cares
- Despite challenges, this patient saved the lives of 6 people because of strong donation processes and relationships that were based in persistent commitment to the donor.



5/24/2016: Identity Confirmed and Family Supported

- Donor's identity was confirmed by family 3 days after organ recovery. Coroner shared donation information with the donor's mother.
- And after this, LifeSource reached out in support for the family.

What did we do well?

- 1st “John Doe” case to move through process without identification
- Hospital staff, despite many questions, were supportive to move forward with donation process
- Strong collaboration between Sanford, Coroner, Fargo PD, and LifeSource
 - Connected Sanford and LifeSource Legal Counsels
- After Action Review with staff

What did we Learn?

- Increase Huddles time and participation
- Identify 1 hospital liaison for interactions with ME/Coroner
- Main question from staff: how do we proceed without proper identification?
- Hospital to contact coroner as soon as brain death pronounced
- Hospital staff hearing “preliminary” ID for patient caused concern for family notification

Follow Up

- Donor Family Notification and Follow-Up
 - LifeSource After Care
 - Donor Family Gathering
- Donor Legacy
 - Recipients
 - Future Potential Donors
- *SPARKed* Stronger Collaboration
 - LifeSource and Sanford Health
 - Medical Examiner/Coroner Partners
 - Communities



What Questions Do You Have?

