

No time to lose with lives on the line - Maximizing efficiency in the lab to save more lives through organ donation

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The need for organ and tissue donation is substantial, with more than 100,000 men, women, and children in need of an organ transplant in the United States alone, with another person added to the waiting list every 8 minutes. Tragically, and on average, 16 people die each day while waiting for an organ transplant that never comes. Thus, the need to maximize available organs is crucial.

Organ Procurement Organizations (OPOs) are critical organizations within the U.S., responsible for recovering life-saving organs from deceased donors for transplantation. A key function of OPOs, as mandated by Organ Procurement and Transplantation Network policies, is determining viability based on infectious disease screening to prevent the introduction, transmission, or spread of communicable diseases to organ recipients. Depending on tissue type, screening requirements can vary. For organ donation (pre-mortem blood samples) the United Network for Organ Sharing (UNOS) only requires that the test methods used be FDA licensed, approved, or cleared. However, for tissue and eye donation the FDA mandates specific tests to be used from specific vendors, some of which can take up to 12 hours, if repeat testing is needed. Thus, many OPOs combine organ testing with the mandated eye and tissue testing. While operationally efficient, this process is not conducive for cases in which expedited transplantation is needed; for example, the heart, liver, and lungs must be transplanted within mere hours after recovery. Unfortunately, traditional testing methodology can take up to 12 hours, leading to missed opportunities and potential waste of life-saving organs.

Southwest Transplant Alliance established a new clinical care pathway that separates organ donor testing from tissue and eye testing, expediting organ matching, placement and ultimately, saving more lives. Expedited cases are donor cases where the donor must go to the operating room immediately to be able to maintain the viability of the organs for transplant. These cases involve donors who have been determined to be brain dead or have experienced irreversible cessation of circulatory and respiratory function.

Through implementation of a different testing cadence and methodology, coupled with organizational education on procedures for expedited transplantation, Southwest Transplant Alliance has improved resource utilization, while reducing costs.



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