

Kidney Transplant in Rapid Organ Recovery from Donation after Uncontrolled Circulatory Death Occurs



ORGANIZATION:

HonorBridge - An OPO serving 7.2 million people in 77 counties of North Carolina and Danville, Virginia. Service area includes over 100 hospitals and four transplant centers.



TEAM:

Kimberly Koontz - Chief Operating Officer
Nissa Casey - Manager of Recovery Services
Joel Baucom - Director of Organ Operations
Lora Smitherman - Manager of Hospital Services



IMPACT GOAL:

Increase Deceased Donor Kidneys by 10%.



PROJECT BACKGROUND:

There is increasing disparity between the number of patients waiting for kidney transplantation and the number of deceased organs available. This shortage has led to increased utilization of donation after circulatory death (DCD) kidneys in a controlled setting.

There is wide acceptance of DCD donation and focus on expanding the pool of DCD donors across the country, however there is little data or information about expansion of the DCD donor pool through uncontrolled DCD donors.

The uncontrolled DCD (uDCD) donor refers to those who had an unexpected cardiac arrest, where cardiopulmonary resuscitation is initiated but unsuccessful.



STRATEGY:

The focus of this research is to develop and implement a rapid organ recovery process for uDCD donation. Through hospital partnerships, HonorBridge will establish criteria and a process for referring candidates who meet the criteria for uDCD donation.

Education and training will be conducted with our Family Support staff who work with potential donor families and authorize donation. An advisory committee will be established to review the preservation and donor management techniques after death pronouncement that will allow for fast and effective organ preservation prior to moving to the OR.

Following the recovery, kidneys will be machine perfused while any remaining test results are obtained, and allocation completed.



WHAT IS CDCD?

The definition of controlled DCD donor (cDCD) refers to those donors who were hemodynamically stable and extubated in a controlled environment such as the operating room (OR). Donors have had an unexpected cardiac arrest, where cardiopulmonary resuscitation is initiated but unsuccessful.



INTENDED RESULTS:

Develop a system for procurement as well as tracking donation outcomes such as kidneys transplanted and discard rates, with the potential to increase DCD donation by 10%.

FOR MORE INFORMATION,

please contact Roey Ahram, KTC Grants Administrator:
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