RCA – A[redacted] BD to DCD Donation

Conducted: October 9, 2019 at 10:00 a.m.
Event Date: November 28, 2018

Present:

[redacted], Manager of Quality
[redacted] Clinical Manager
[redacted], Director, Organ Recovery, Preservation & Allocation
[redacted], Director of Quality
[redacted], MD, Executive Director

Notes included from staff who were on the case:

[redacted] Donor Family Advocate
[redacted], Donor Management Coordinator as Administrator on Call
[redacted], Donor Management Coordinator
[redacted], Donor Management Coordinator

Introduction

This case was previously reviewed in detail both during Case Review and during other, more detailed discussions focusing on this case in a debriefing and After-Action Review format. This formal RCA was conducted based on recommendations received after an informal conversation with the UNOS Medical and Professional Standards Committee (MPSC).

As part of this RCA, LOARA contacted other OPOs to inquire as to their processes are for conducting a BD as DCD donation.

One of the OPOs that LAORA contacted gets consent for both BD and DCD. LAORA will work on implementing this when the legal next-of-kin indicates that they or other members of the family want to be present for a DCD case even though the hospital could continue brain death testing and declaration. This is addressed below in this RCA discussion.

Incident Statement:

Case timeline

This donor was a 41-year-old female. She was admitted following a motor vehicle accident on 11/19/2019. The donor was submerged in water and suffered cardiac arrest. The referral was called in on 11/20/2019 within one hour of her meeting clinical triggers. The LAORA team followed this patient for several days. The first brain death note was written o n11/24/2018 at 10:29. The hospital was waiting for family to arrive and the OPO had a chance to speak with them on 11/26/2018.

The Donor Referral Responder spoke with the family and discussed Brain Dead donation and DCD donation and the benefits of both. The family decided they would only proceed with DCD.

The patient was declared brain dead with a second brain death note on 11/27/2019 at 06:00.

11/27/2018 at 19:55 – In additional conversations with the donor's next-of-kin regarding brain death and donation, they confirmed that they understood both, but still wanted to be present to witness asystole and wanted to move forward with DCD donation. Organ offers were made as DCD to honor the family's wishes.

The Donor Management Coordinator caring for the donor overnight also spoke with the family. The donor's mother was distraught. She confirmed her understanding of brain death that proceeding with brain dead donation would maximize the gift of life but was adamant that she be present for cardiac standstill. The mother would have rescinded authorization if LAORA had not agreed to carry out the donation as a DCD per her wishes.

The team conducted a pre-OR time out 11/28/2019 at 12:11. The path forward was confirmed that although this patient was brain dead, LAORA would proceed with recovery as a DCD and that cardiac standstill would be documented by hospital staff.

[redacted] Donor Management Coordinator who went to the OR with this patient huddled with the surgical team to confirm that this would be conducted as a DCD as the family requested, despite the fact that the donor was declared brain dead.

After the patient was extubated, the mother became highly emotional and asked to be escorted from the OR. She told the team they were authorized to proceed without her witnessing asystole and was led out by [redacted] Donor Family Advocate. The team agreed we would lose authorization if we re-intubated, asked the donor's mother to authorize the case to proceed as a brain dead donor recovery, and re-ran the lists. Donation proceeded with cardiac standstill accomplished via cross-clamp.

Notes from the RCA

. After consulting with other OPOs, all present agreed that if a hospital refuses to allow donation to take place in this manner, LAORA will not pursue the case.

Learnings, RCA questions, and Summary

The team discussed that if we do other brain dead donors as donation after circulatory death, we need to be sure we discuss with the surgical teams that the case will be done as a DCD and that cardiac standstill must occur organically as it does during a typical non-brain dead recovery. This will help to set expectations and confirm understanding from the surgical teams. Though we understood the issue of additional unnecessary ischemic time in this particular case, the group agreed additional steps would be necessary in the future to more effectively guard and guide the process.

We have designed an addendum to LAORA's authorization form. We would have the legal next-of-kin authorize both DCD and BD donation and sign off on the addendum that explains that activities in an OR are fluid and that verbal permission may be given for the team to proceed as the situation requires. The addendum would only be used in these rare cases (ie donor declared brain dead but donation proceeds as a DCD). The team will not advocate for donation pursuant to DCD but will work with the family and the hospital if the family requests it.

The LAORA team collectively believes in recovering every organ every time. Though these cases where a donor family insists on being in the OR to witness cardiac standstill are rare in South Florida, having happened only a few times in the past decade, the team agrees that we should pursue these cases to ensure that no organ is lost. The team agrees that appropriate modifications to policies, SOPs, and training should smooth out the process and also mitigate any potential variance in regulations and standards while still allowing for the potential organs to be available for transplant.

The team agrees that the mother was fully cognizant of everything that could happen in the operating room after extubation. Furthermore, the team agreed that despite numerous detailed conversations with the donor's mother regarding the differences and aspects of DCD donation versus BD donation, mother was so distressed, the situation in the operating room was unpredictable. She had been adamant all through the lead-up to the OR and did not change her decision until she was faced with the reality of extubation and the emotions that caused.

The team also agreed that our original assessment that the root cause of this occurrence was that the mother's fragile emotional state caused the occurrence was correct. Regardless, the team also agreed that work can be done to improve the process when these unusual donationsoccur. These changes should bring clarity of expectations to both authorizing parties and surgical teams involved in such cases.

Why was this BD donation conducted as a DCD?

The legal next-of kin, the donor's mother, insisted that she be present in the OR to witness her daughter's heart stopping.

Why did the team not re-intubate and re-run lists?

The mother's emotional state precluded this. The team believed we would have lost authorization entirely if we had attempted this.

Why did the donation not continue through cardiac standstill as expected?

The surgical teams present pointed out that the donor was brain dead and that there was no point in allowing ischemic time to build after the donor's mother left without witnessing cardiac standstill. The team proceeded to move forward in a manner more consistent with BD donation, so cardiac standstill was achieved via cross-clamp as this minimized ischemic time and maximized the gift of life.

Corrective actions and Containment Strategy

1. Modified BD to DCD policy to allow for these rare cases to be conducted with close oversight from leadership and agreement with the hospital.
2. Created Authorization Addendum forBD as DCD Donation Form to ensure legal next-of-kin completely understand the situation and agree to providing verbal consent to the LAORA team to proceed as needed.
3. Have the authorizing individual sign and acknowledge both types of donation, DCD and BD on the Authorization for the Donation of Organs/Tissues form.
4. Modifed the RCA policy to clarify when an RCA is needed versus After Action Reviews and other forms of debriefs.
5. Modifed the occurrence policy to clarify the different types of reviews that can be done based on the severity of the occurrence.
6. Added the BD to DCD donation policy as a related document to the SOP for DCD recovery.

7. In the pre-OR huddle, ensure that all surgical teams understand which member of the LAORA team is controlling the OR and that the case will be completed as a DCD.
8. Retrain staff to the changes to policies, SOPs, etc.
9. Reinforce the changes with the staff at our General Staff Meeting.

Prepared and respectfully submitted by

[redacted]
Director of Quality
Life Alliance Organ Recovery Agency

Read and approved by:

[redacted]

10/14/2019
Date

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