

# Measuring Deceased Donor: Progress and Promise

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# Disclosures

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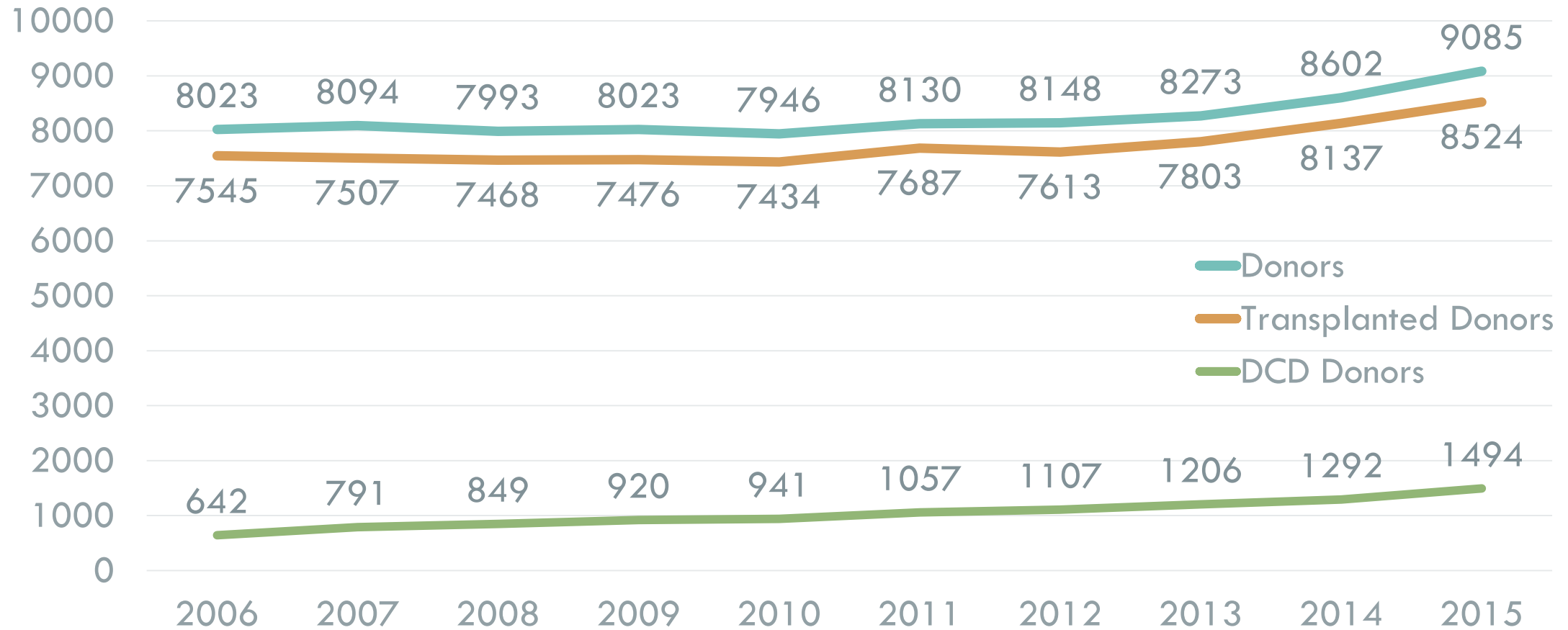
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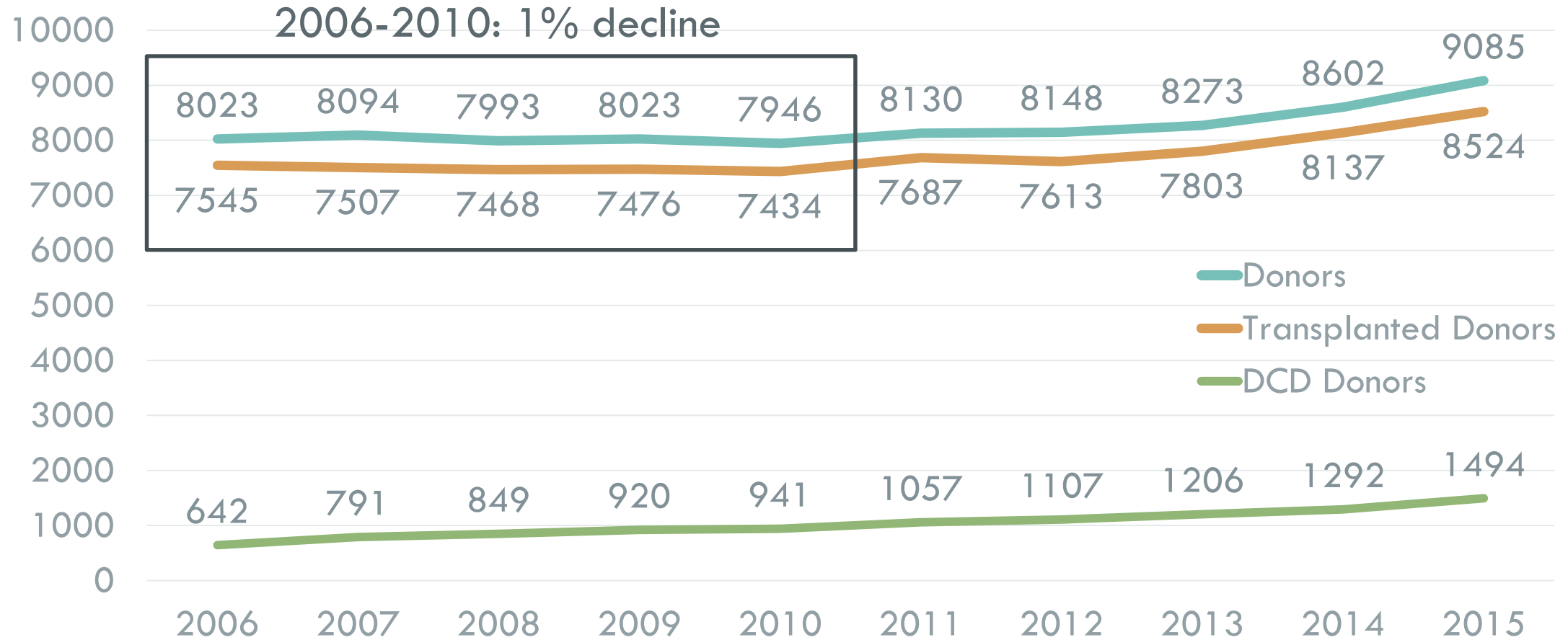
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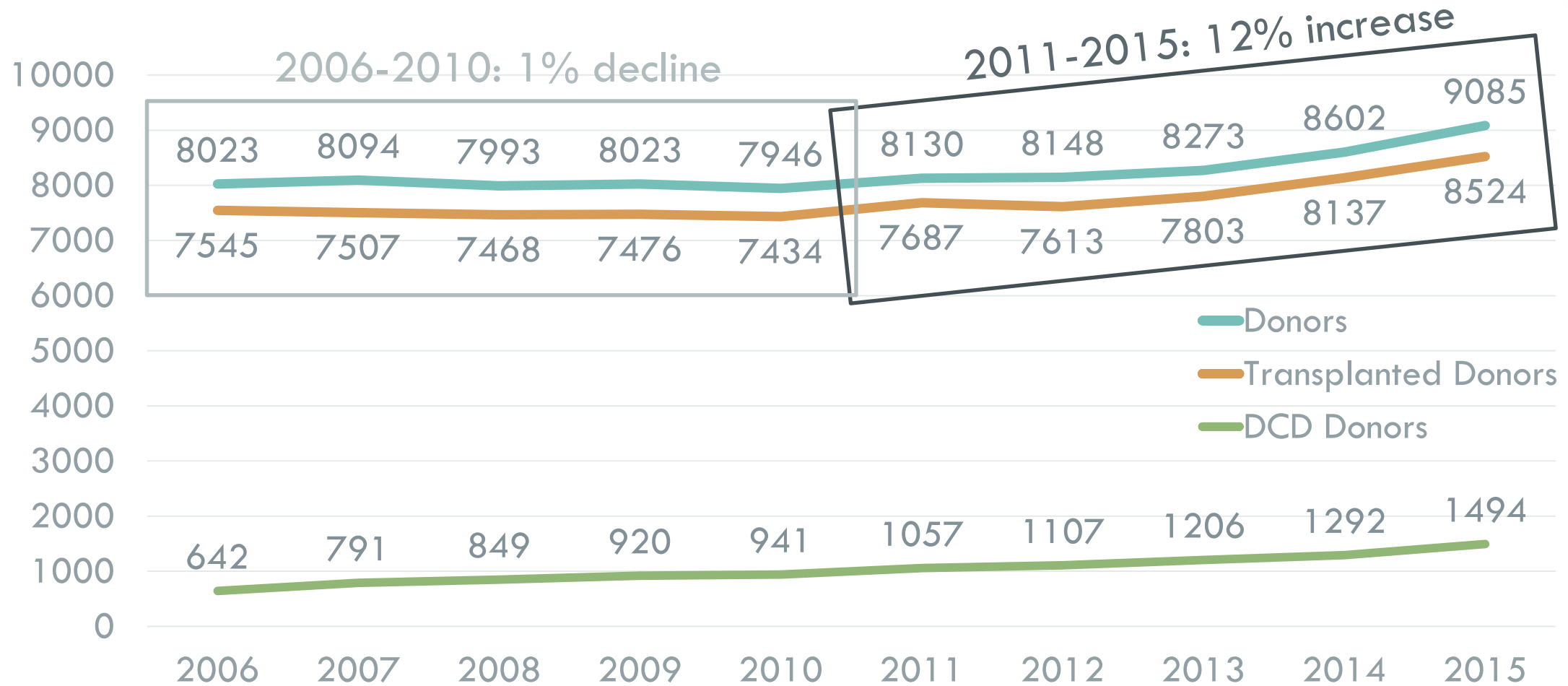
# Trends in Deceased Donation in the US



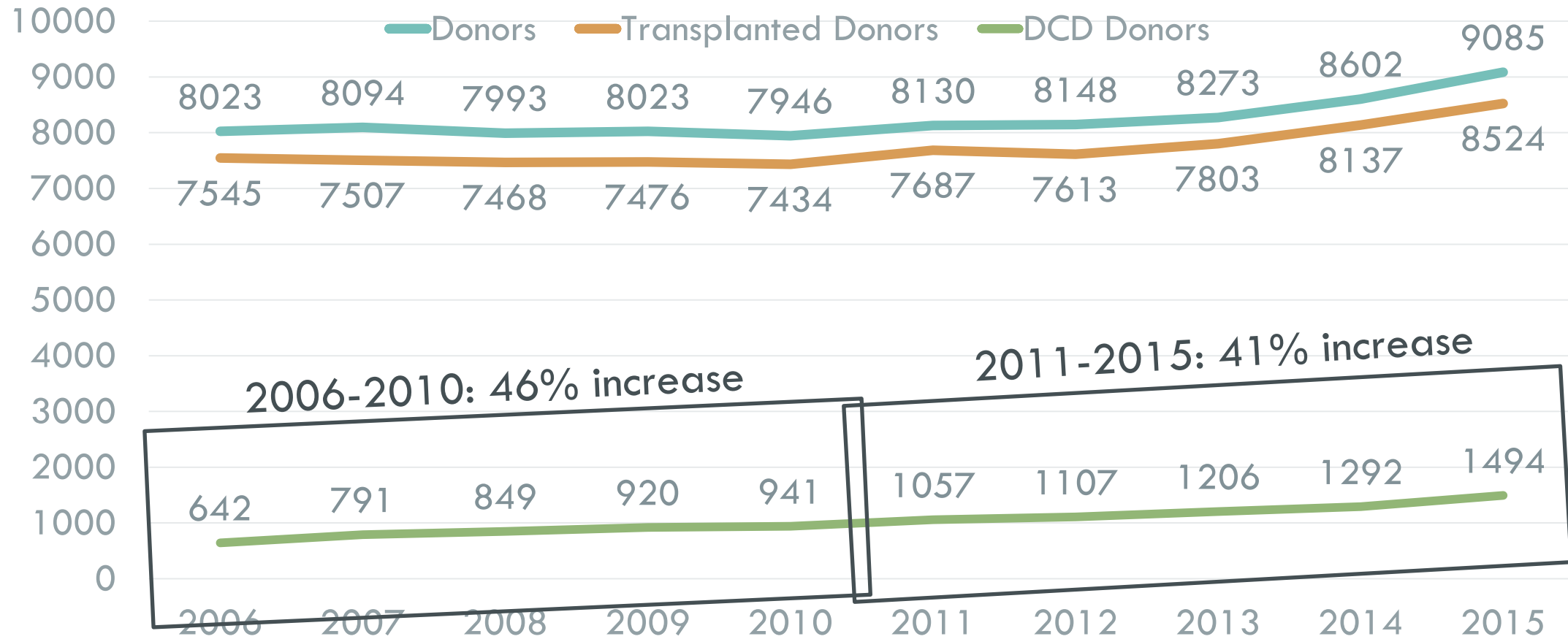
# Trends in Deceased Donation in the US



# Trends in Deceased Donation in the US



# Trends in Deceased Donation in the US



# What impacts this trend?



Increased Deaths?  
Increased in-hospital deaths?  
Increased authorization rates?  
Increased donor conversion?  
Increased transplant program acceptance?  
“Better” OPO Performance?

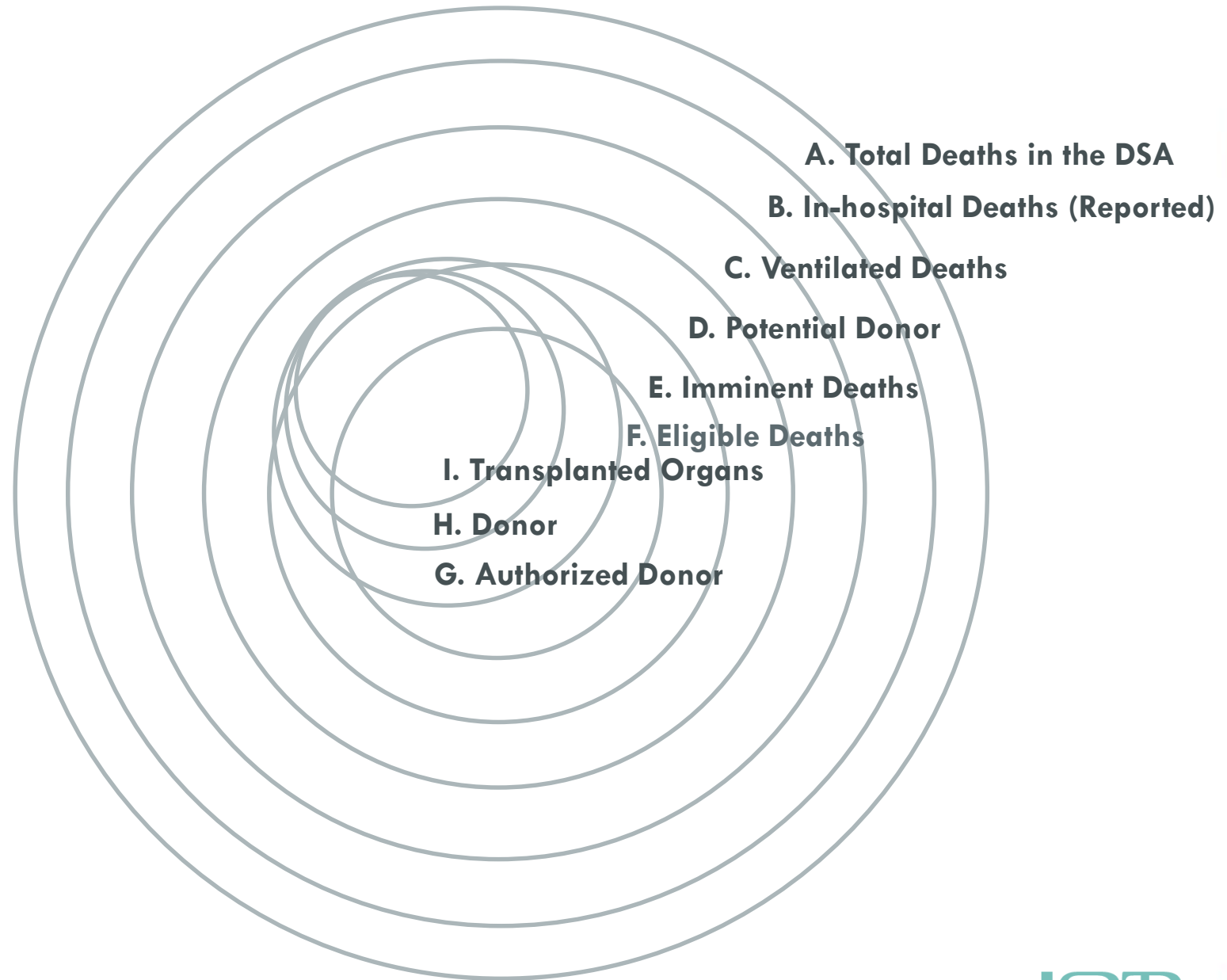


Conservative offer acceptance?  
Regulatory pressures?  
Increases in living donation?





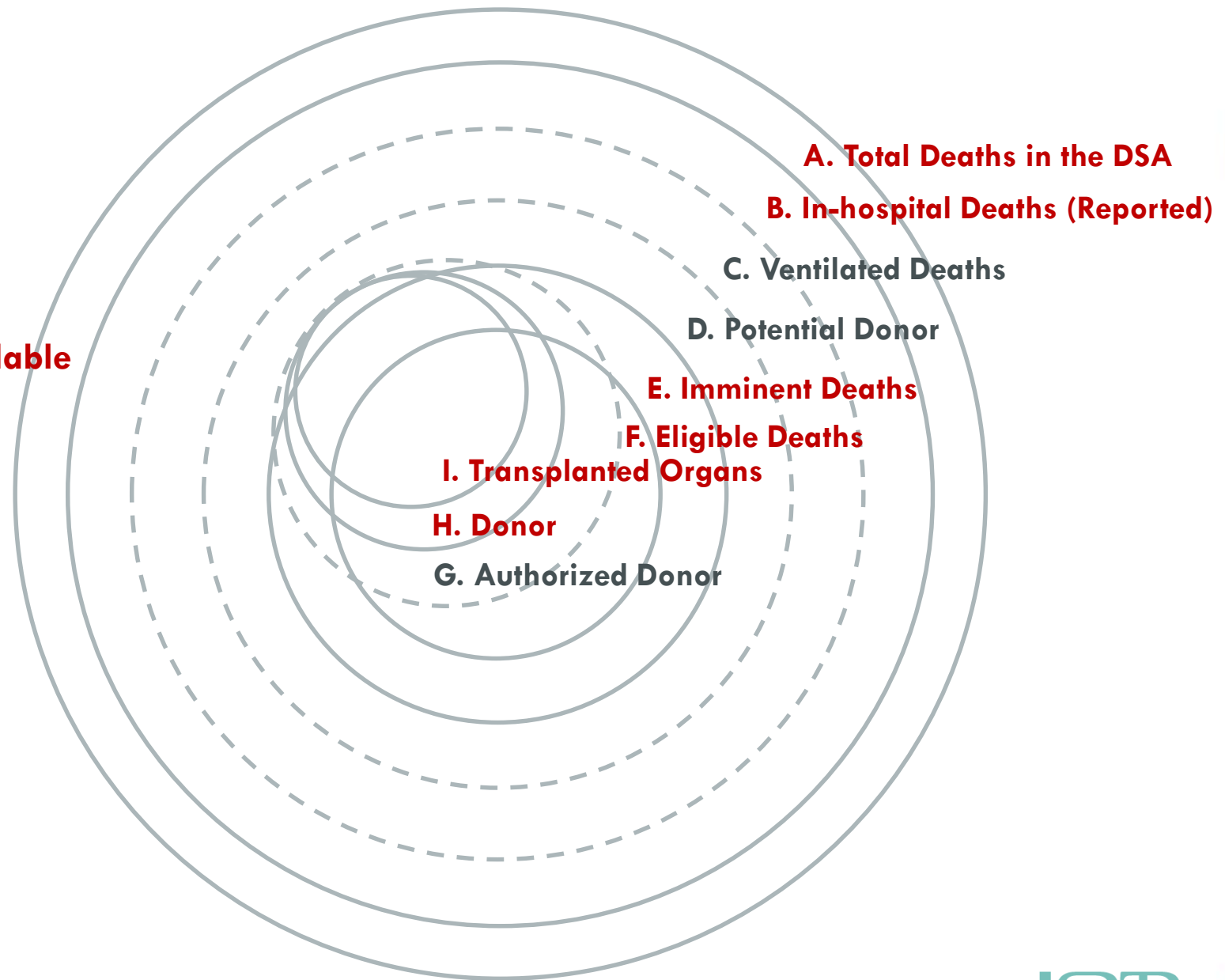
# Visualizing Donor Potential





# Visualizing Donor Potential

— Data Currently Available  
- - - Data Currently Not Available

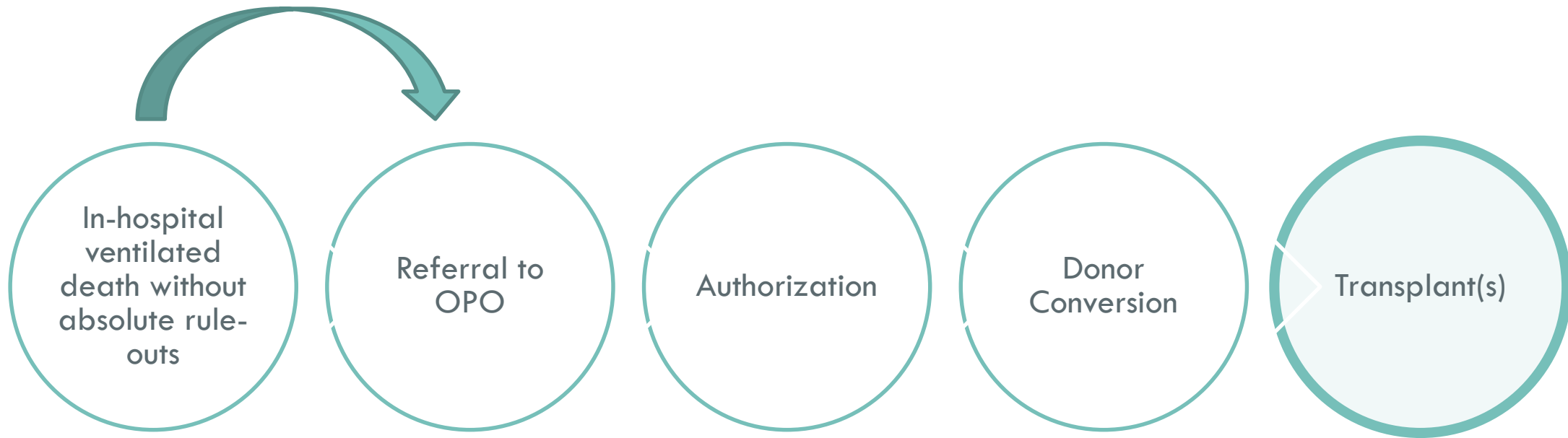


# Measuring Successful Deceased Donation



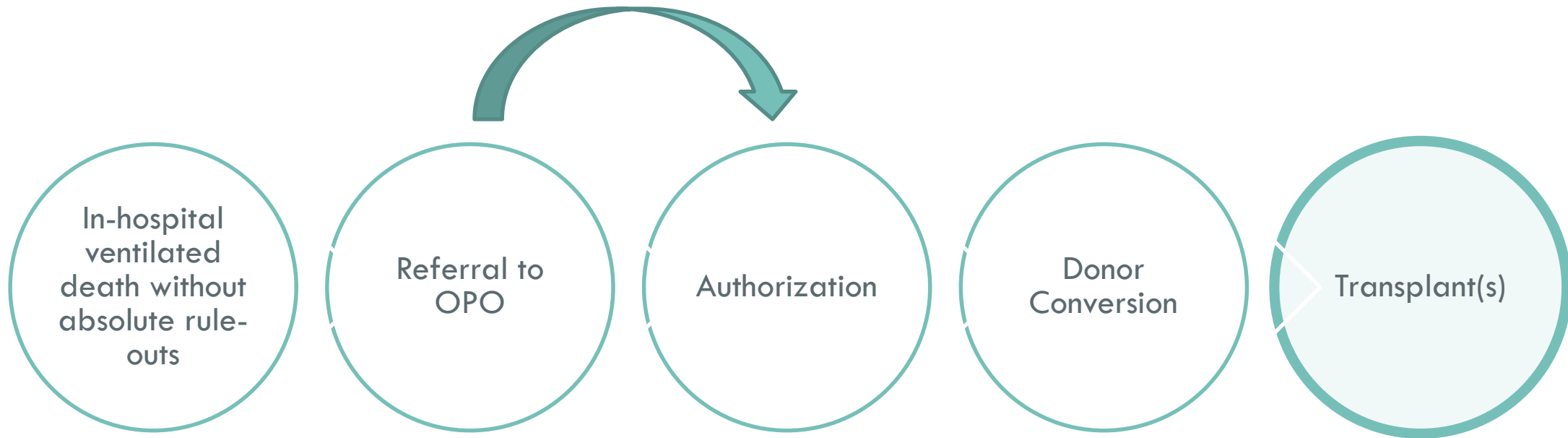
# Measuring Successful Deceased Donation

- Donor Hospital Practices?
- Donor Hospital OPO Relations & Processes?



# Measuring Successful Deceased Donation

- First-Person Authorization Rates?
- OPO Practices?



# Measuring Successful Deceased Donation

- OPO Practices?
- Transplant Program Acceptance?
- Allocation System Efficiency?



# Measuring Successful Deceased Donation

- OPO-Program Relations?
- Transplant Program Acceptance?
- Allocation System Efficiency?



# What we (SRTR) currently measure to understand “OPO performance.”

Donor  
Conversion:

- Eligible Donors per Eligible Deaths

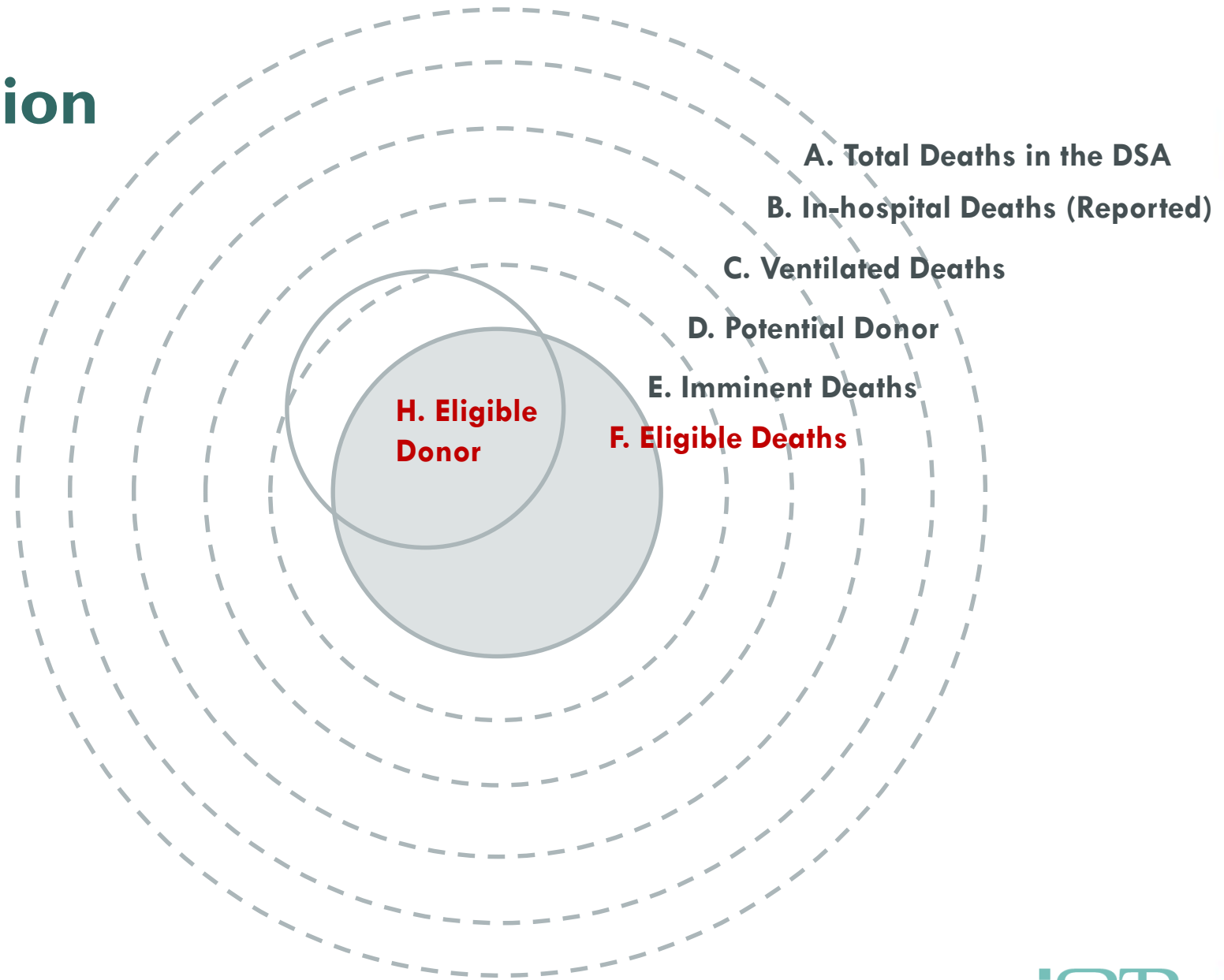
Donor Yield

- Transplanted Organs Per Donor

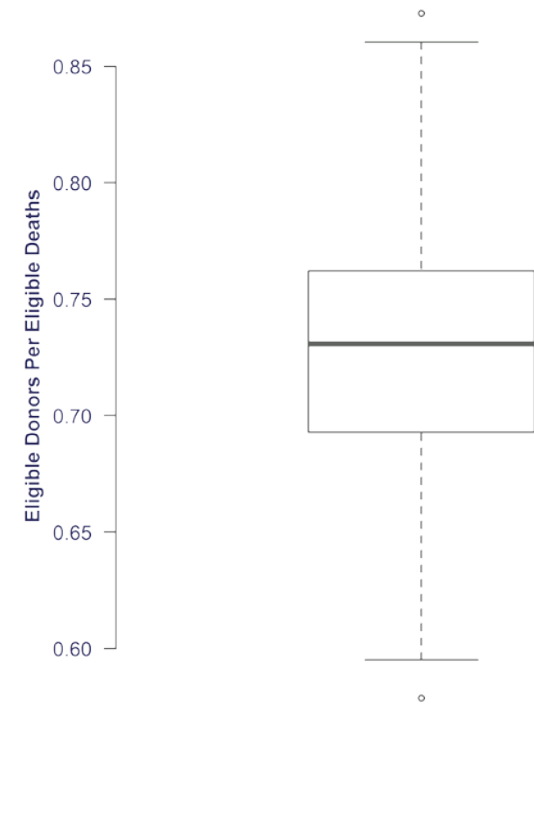
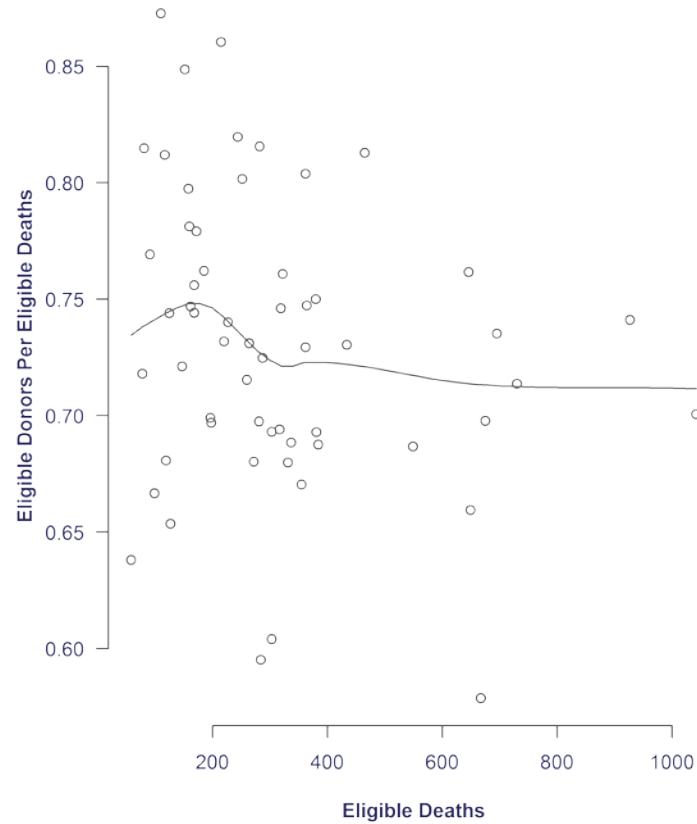
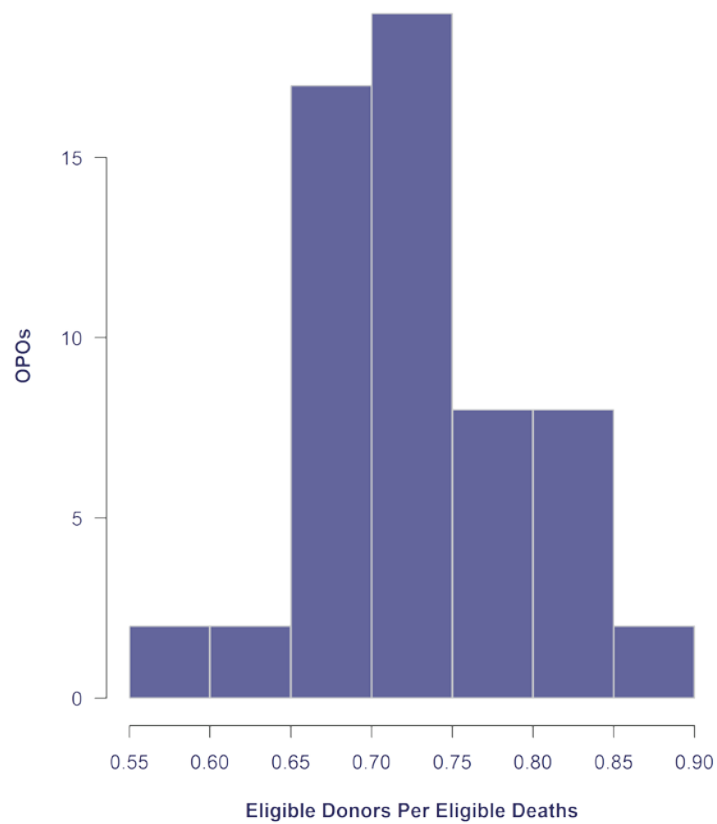


# Metric #1: Donor Conversion

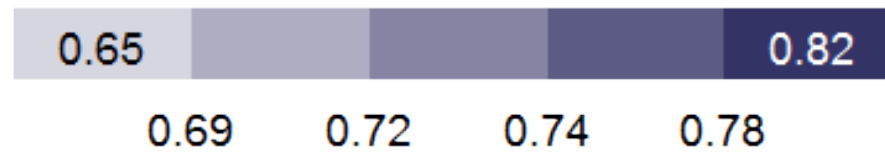
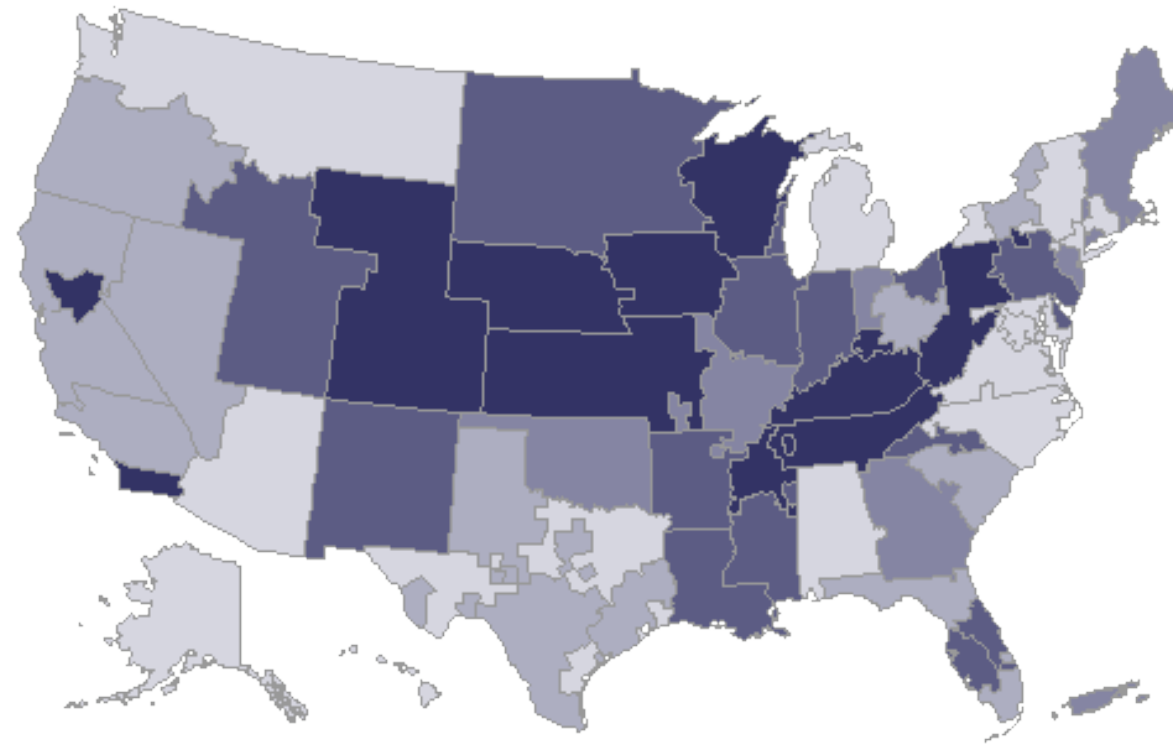
Eligible Donors  
Eligible Deaths



# Eligible Donors Per Eligible Deaths by OPO

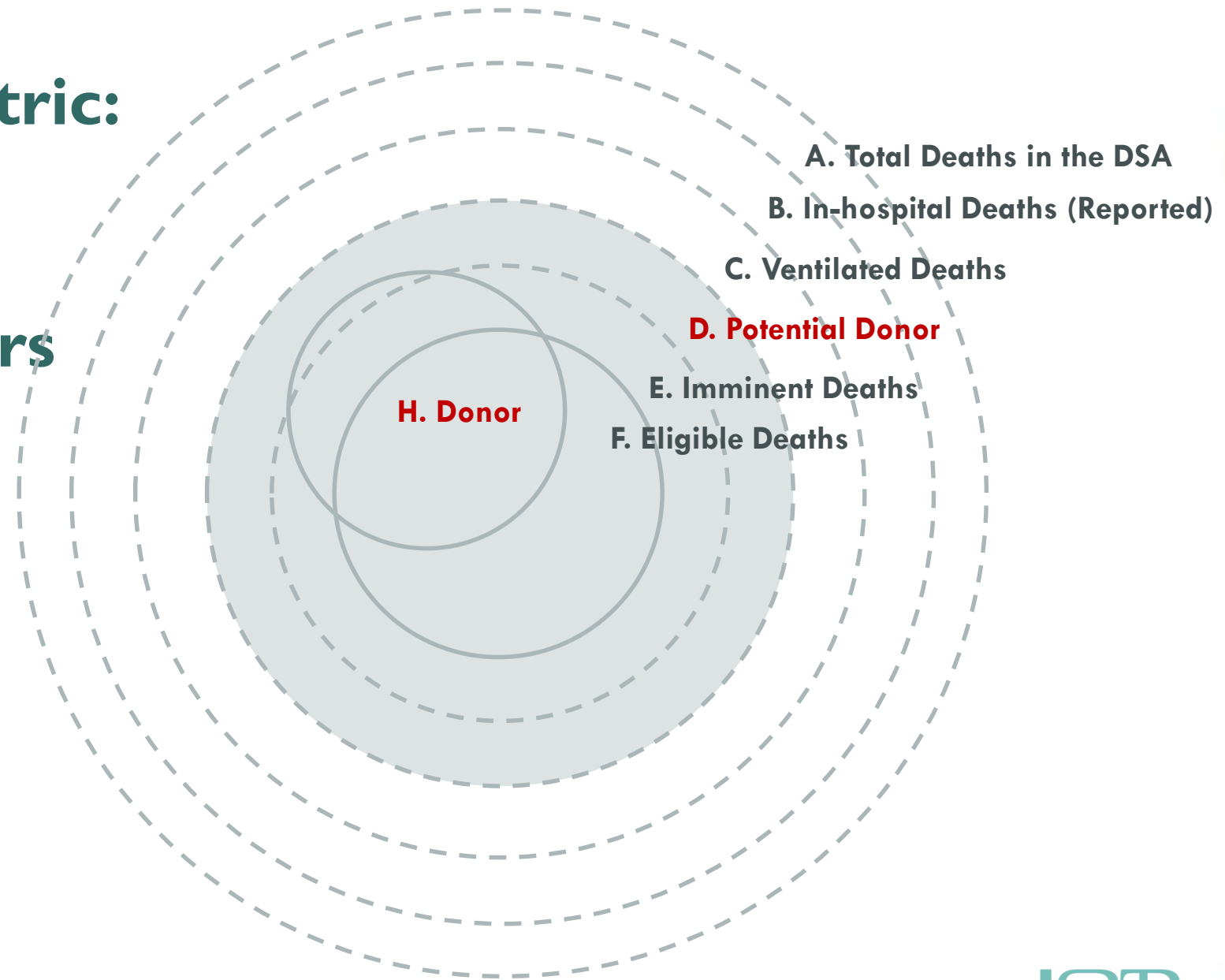


# Eligible Donors Per Eligible Deaths by OPO

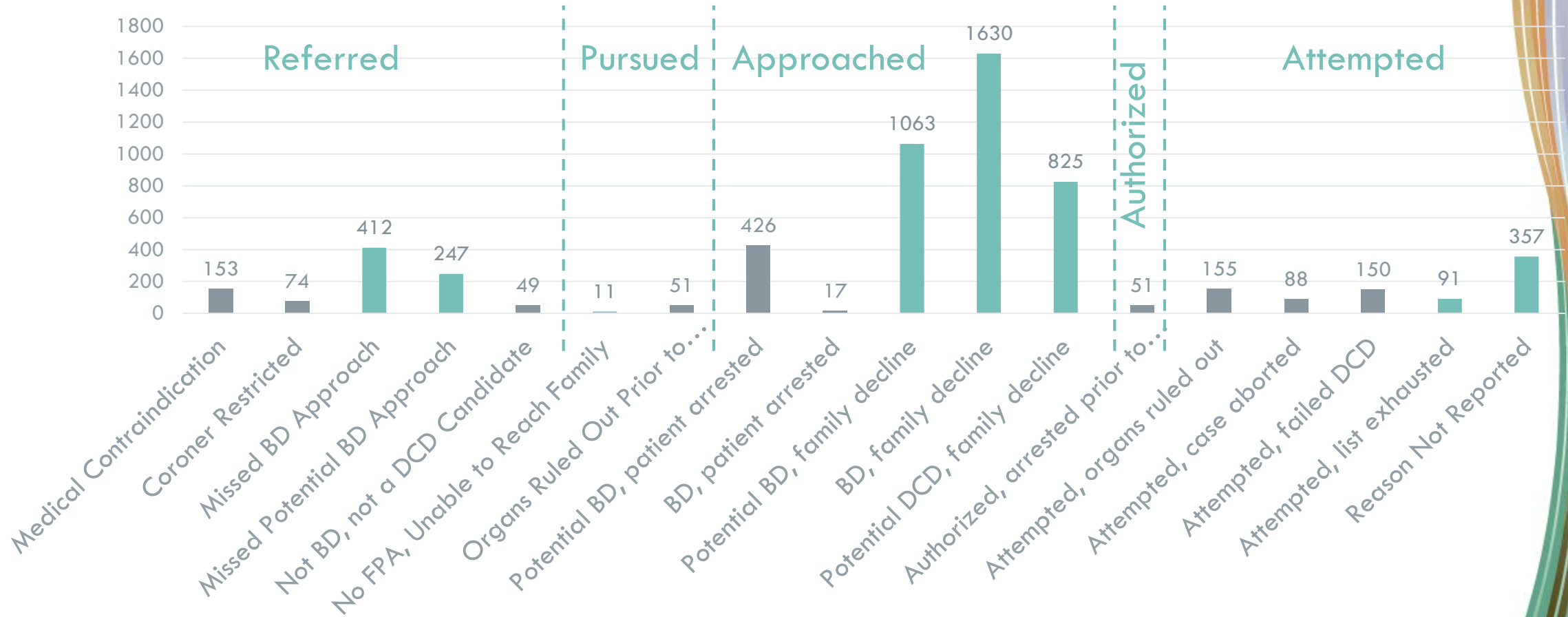


# A Better Conversion Metric:

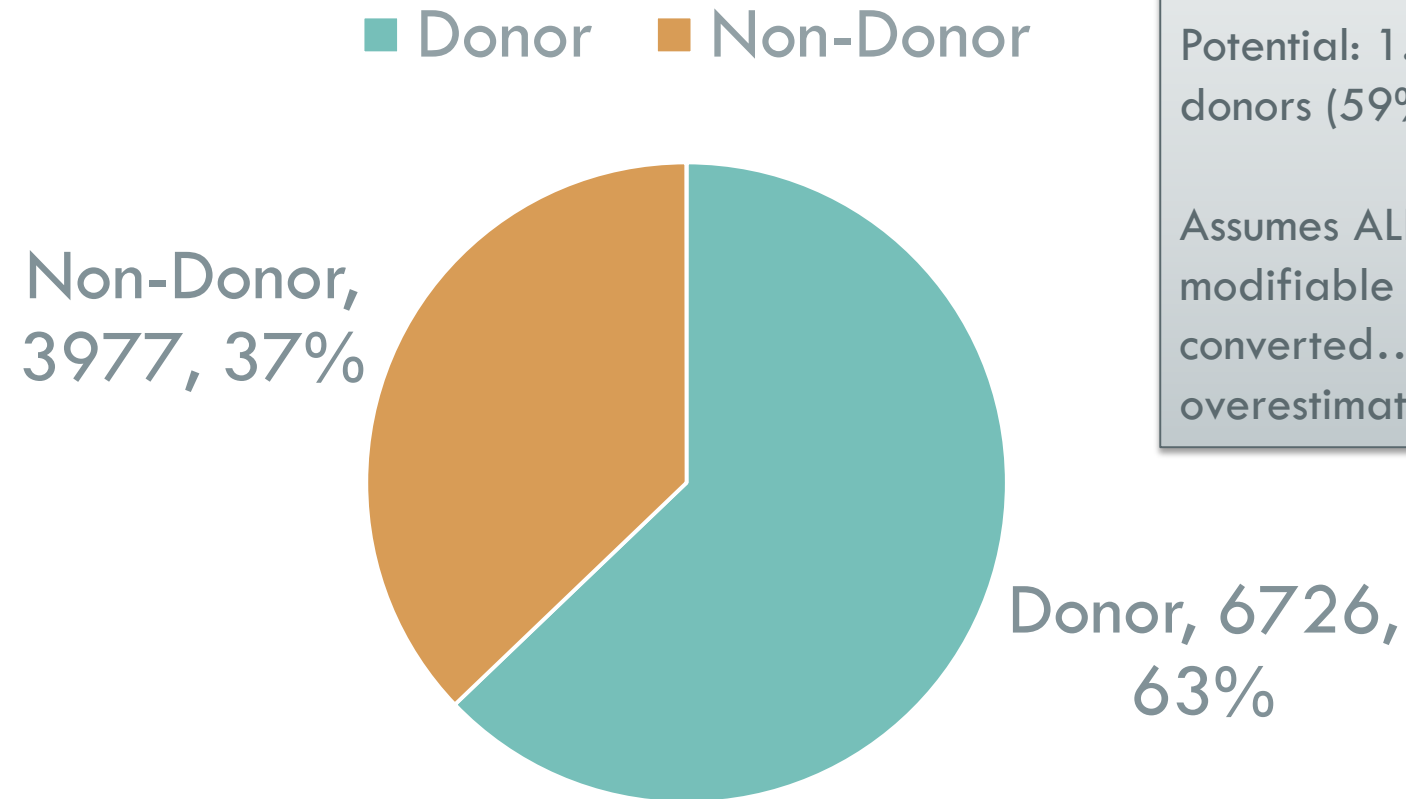
## Donors Potential Donors



# AOPO-SRTR Study: Reasons for Non-Conversion, 41 of 58 OPOs submitted primary data



# Accessible Donor Potential? 1.59 X Current Donors?

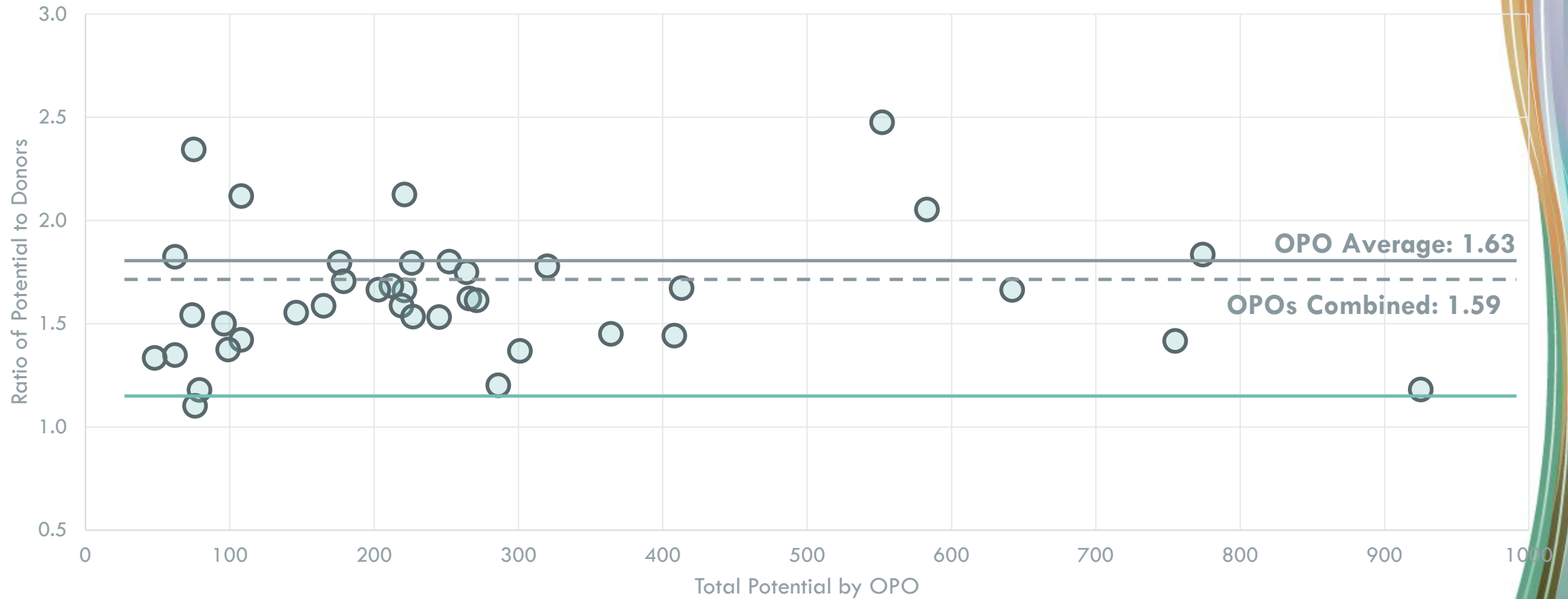


6,726 donors out of 10,703 potential yields:

Potential: 1.59 times the number of donors (59% more).

Assumes ALL potentially modifiable cases are successfully converted... therefore an overestimate.

# Donor Potential: Ratio of Potential to Donors





# A Potentially Workable Conversion Metric:

## Donors Ventilated Deaths

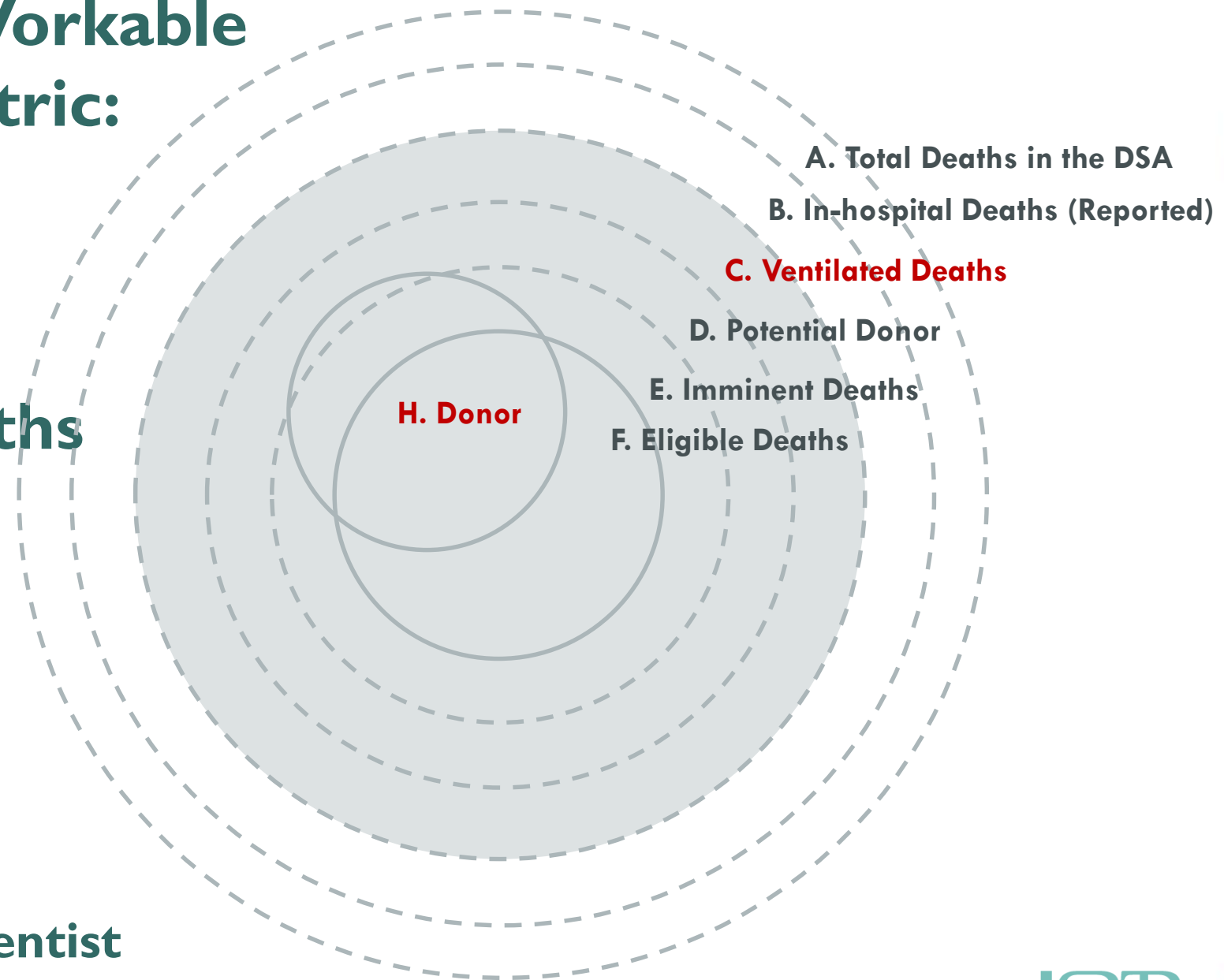
### OPTN Task 17

Led by:

John Rosendale, MS

Senior Research Scientist

United Network For Organ Sharing



# Task 17

- Research Study Questions
  1. What is the feasibility to standardize the definitions needed to collect in hospital ventilated deaths (such as ventilated death) across all 58 OPOs?
  2. What is the availability of the patient level data across the 58 OPOs?
  3. What is the level of effort required to collect these data by the OPOs and the OPTN?
  4. How verifiable/auditable are the data submitted by the OPOs?
  5. What type of data collection tools could be developed to efficiently facilitate the collection of these data?

# Task 17:

## Data Being Collected for a Potential Metric

- The pilot study participants are being asked to report on all in-hospital\* ventilated\*\* deaths (vented at any time during terminal hospital stay).
  - \*In-hospital death = All inpatient or emergency department death occurring in a hospital that has a ventilator, an operating room and at least 150 beds.
  - \*\*Ventilated = Intubated and mechanically ventilated using a method to mechanically assist or replace spontaneous breathing.
- For all deaths that meets these conditions, OPOs will report:
  - Hospital: name and unit of death
  - Patient: name, ethnicity/race, age, zip code, cause of death, HIV+^ (Yes/No), current malignancies^^ (Yes/No), and UNOS Donor ID (if generated).
    - ^HIV+ = Patient is known (documented) to be HIV positive.
    - ^^Current malignancies = Patient is known or documented to have been diagnosed with malignant neoplasms within the last 2 years, except non-melanoma skin cancer and primary CNS tumors without evident metastatic disease.
- 46 OPOs currently participating in a pilot data collection

# What we (SRTR) currently measure to understand “OPO performance.”

Donor  
Conversion:

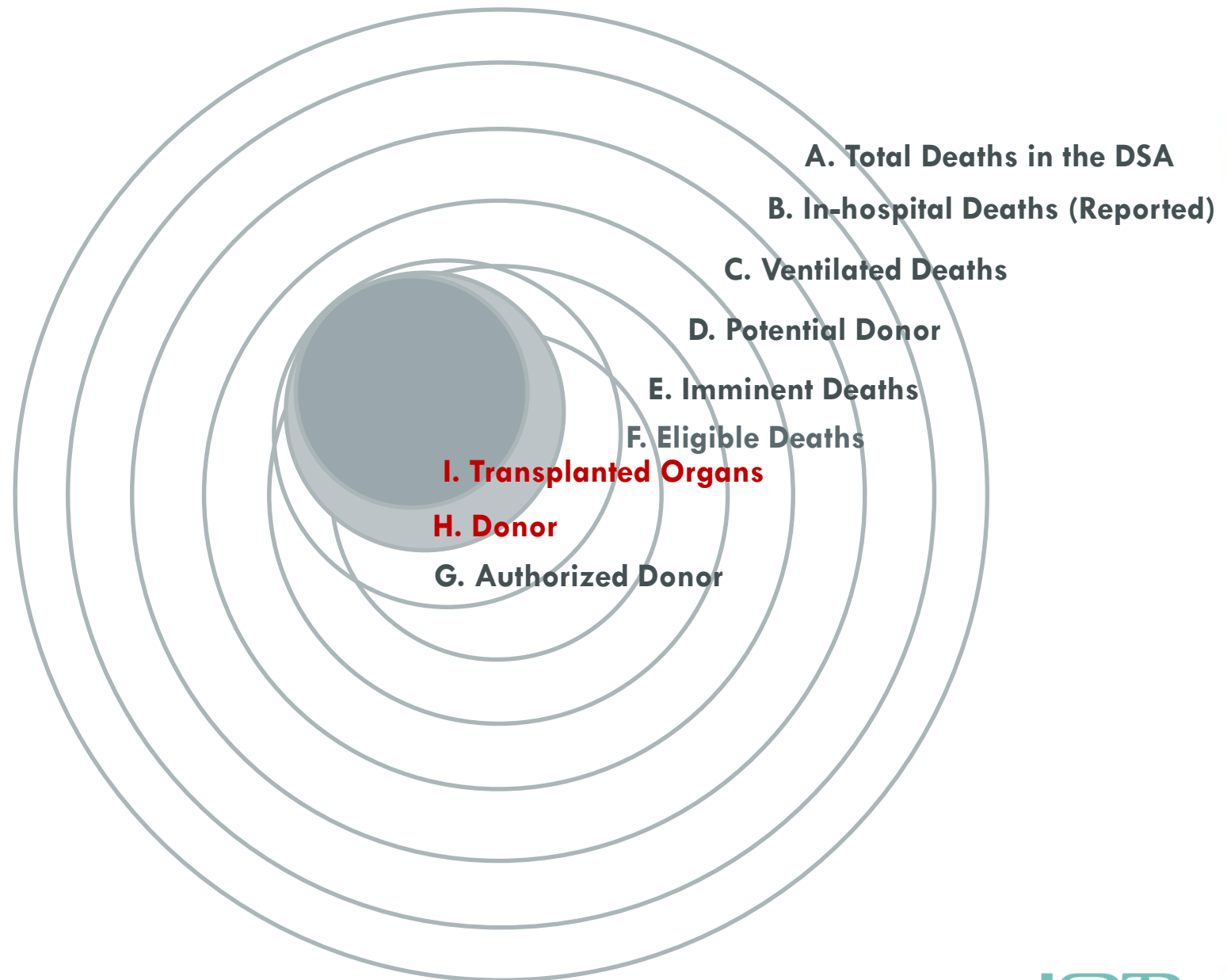
- Eligible Donors per Eligible Deaths

Donor Yield

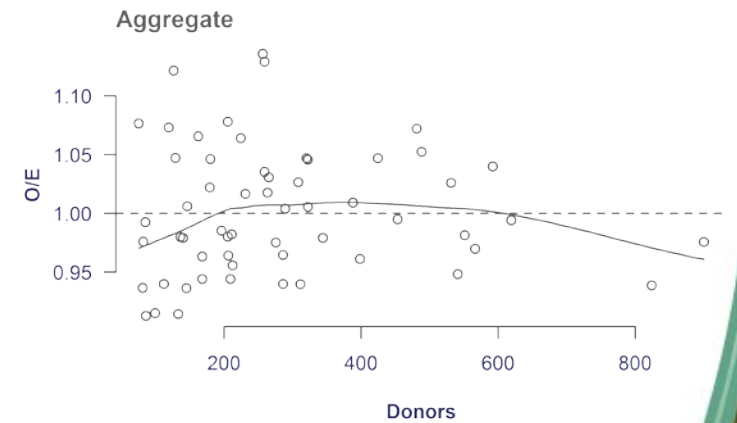
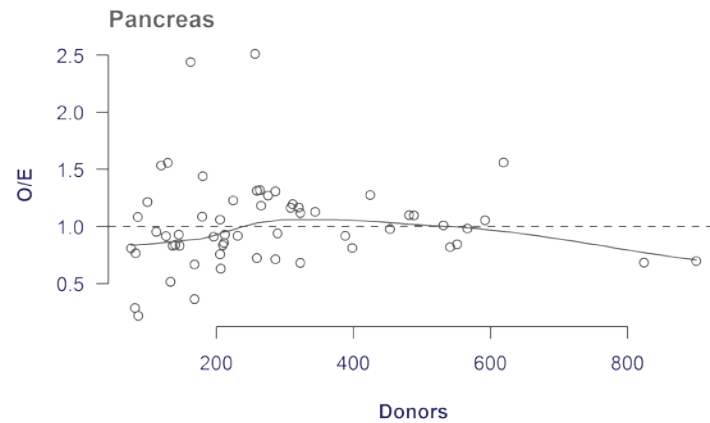
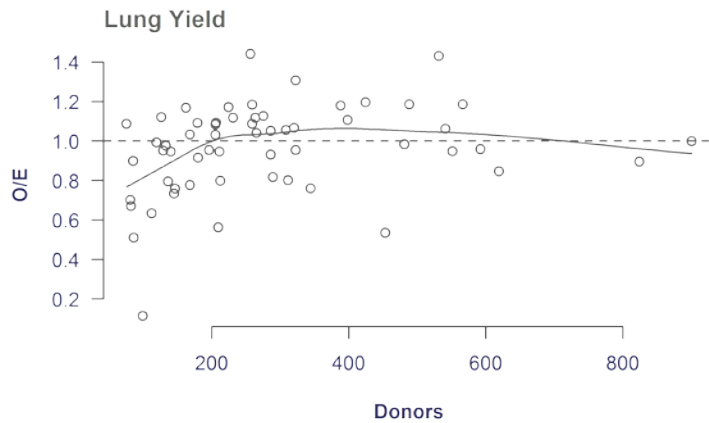
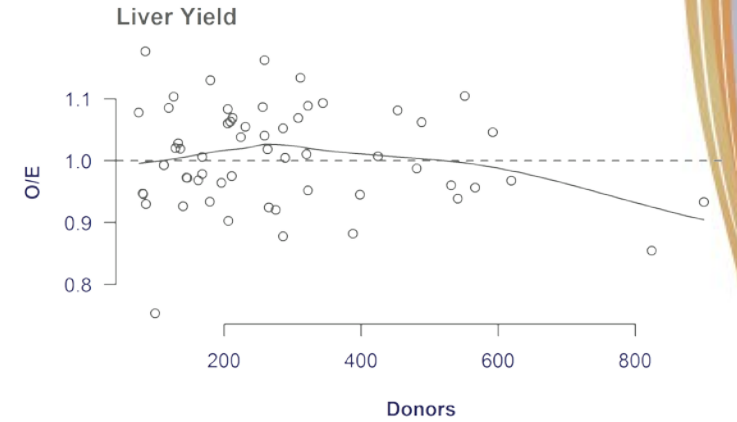
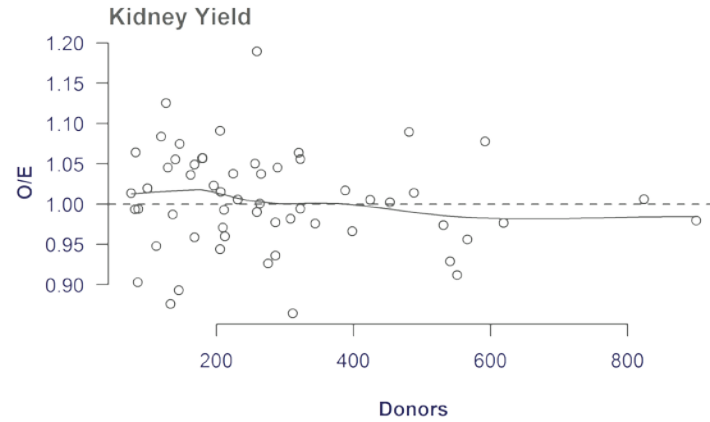
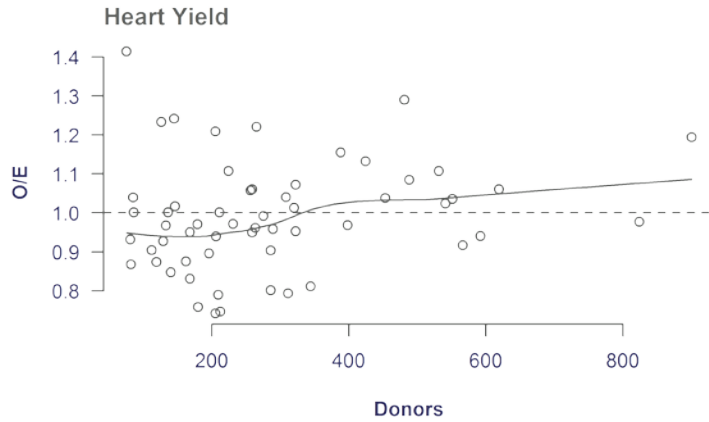
- Transplanted Organs Per Donor

# Measure #2: Donor Yield

## Tx'd Organs Donors



# Donor Yield O/E



Column AH of Accompanying Excel File



# Measuring Successful Deceased Donation

- Metrics targeting specific jumps in the pathway to donation can help the community understand where opportunities for improvement exist.





# Core Metrics

**Definition of Core Measures:** A parsimonious set of measures that provide a quantitative indication of current status on the most important elements in a given field, and that can be used as a standardized and accurate tool for informing, comparing, focusing, monitoring, and reporting change.

IOM (Institute of Medicine). 2015. *Vital signs: Core metrics for health and health care progress*. Washington, DC: The National Academies Press.



# Core Metrics

**Measurement aims.** Measurement aims to convey opportunity and priority, focus attention and activity, improve targeting and effectiveness, introduce accountability, identify what works, and help celebrate progress and motivate action to address shortfalls.

IOM (Institute of Medicine). 2015. *Vital signs: Core metrics for health and health care progress*. Washington, DC: The National Academies Press.



# Core Metrics

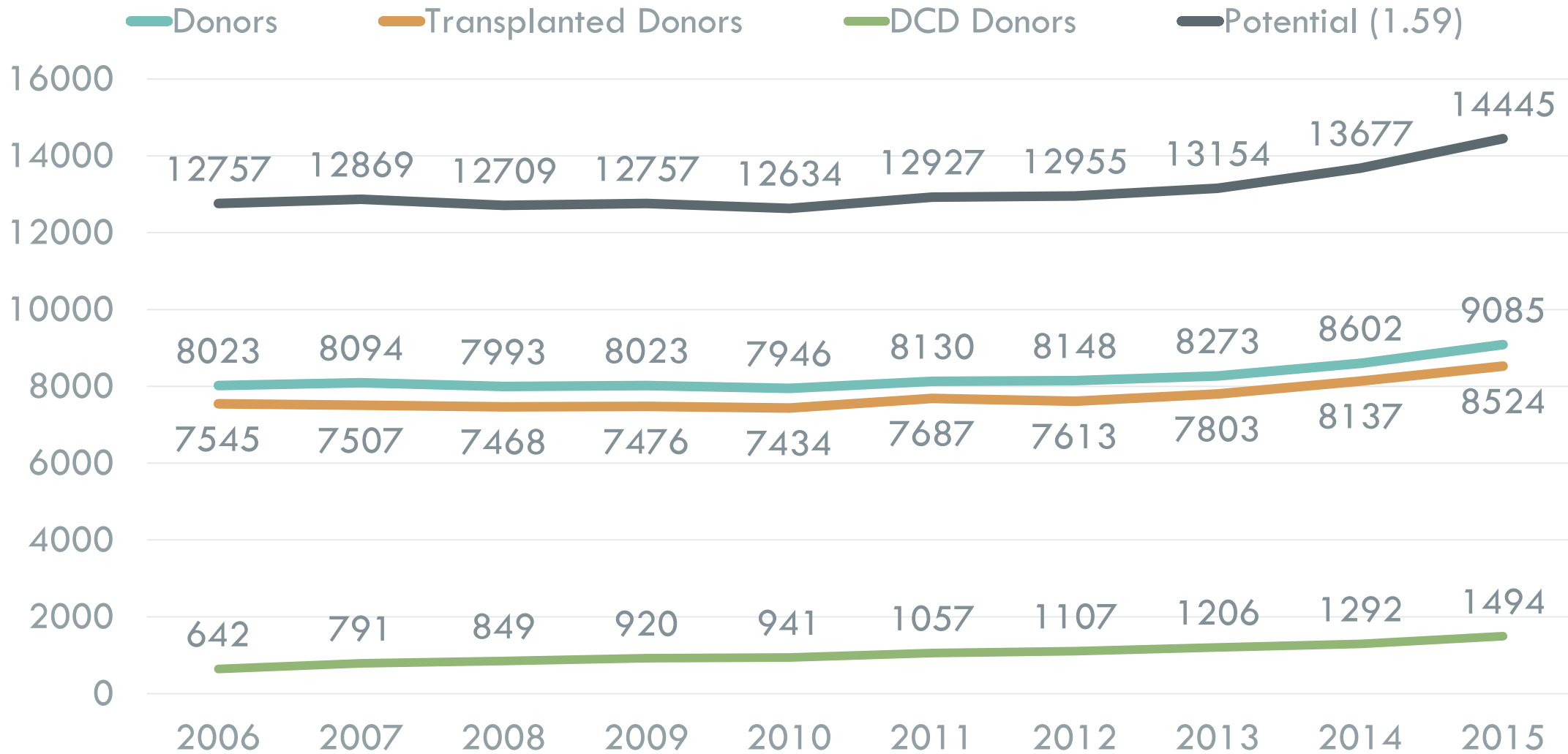
## Candidate Measures Should:

1. Be important for health
2. Be likely to contribute to progress
3. Be understandable
4. Have technical integrity
5. Have potential to have broader system impact
6. Have utility at multiple levels

IOM (Institute of Medicine). 2015. *Vital signs: Core metrics for health and health care progress*. Washington, DC: The National Academies Press. Paraphrased from the Report Brief available at: <http://www.iom.edu/Reports/2015/Vital-Signs-Core-Metrics.aspx>.



# Can we achieve higher donor potential?





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