

Policy 2.8

DCD Model Elements

*Organ Procurement Organization
(OPO) Committee*

Richard Pietroski, MS

Distributed for Public Comment March 2012

Background

- In 2009, the OPTN Board of Directors charged the OPO Committee with reviewing DCD policies to determine if they were consistent with current practice.
- It was determined that the current version of the DCD policy is out of date and required modification.
- The OPO Committee made needed changes to update DCD practice and terminology that are consistent with industry practice.

Timeline

- This proposal was distributed for public comment during the March 11, 2011 to June 10, 2011 period and received comments from regions, committees, and **all donation and transplant professional membership organizations in strong support.**
- **Public Comment:** March-June 2013
- **Board of Directors:** Tabled the proposal in June 2013.

While we will continue to promote OPTN policies and guidelines that prohibit discrimination based on disability, including in such documents as the bylaws rewrite, we wish to extend our sincere appreciation for the OPTN process that has ultimately enabled a favorable resolution of two of our most significant concerns.

Diane Coleman, JD, MBA

President/CEO

Not Dead Yet

OPTN



Critical Issues

- Defining Eligible DCD Donors
- Donor evaluation *prior* to the decision to withdraw life sustaining measures
- Donation discussion *prior* to the decision to withdraw life sustaining measures.
- Donation discussion *after* the decision to withdraw life sustaining measures.
- Safeguards for conscious individuals

Critical Issue: Defining Eligible DCD Donors

- Definitive language recommended by national disability organizations was adopted, with slight revision by the OPTN OPO and ethics committees.
- This provided a clearer message of DCD candidates be **limited to patients whose medical treatment no longer offers a medical benefit to the patient as determined by the patient, the patient's authorized surrogate, or the patient's advance directive if applicable, in consultation with the healthcare team.**

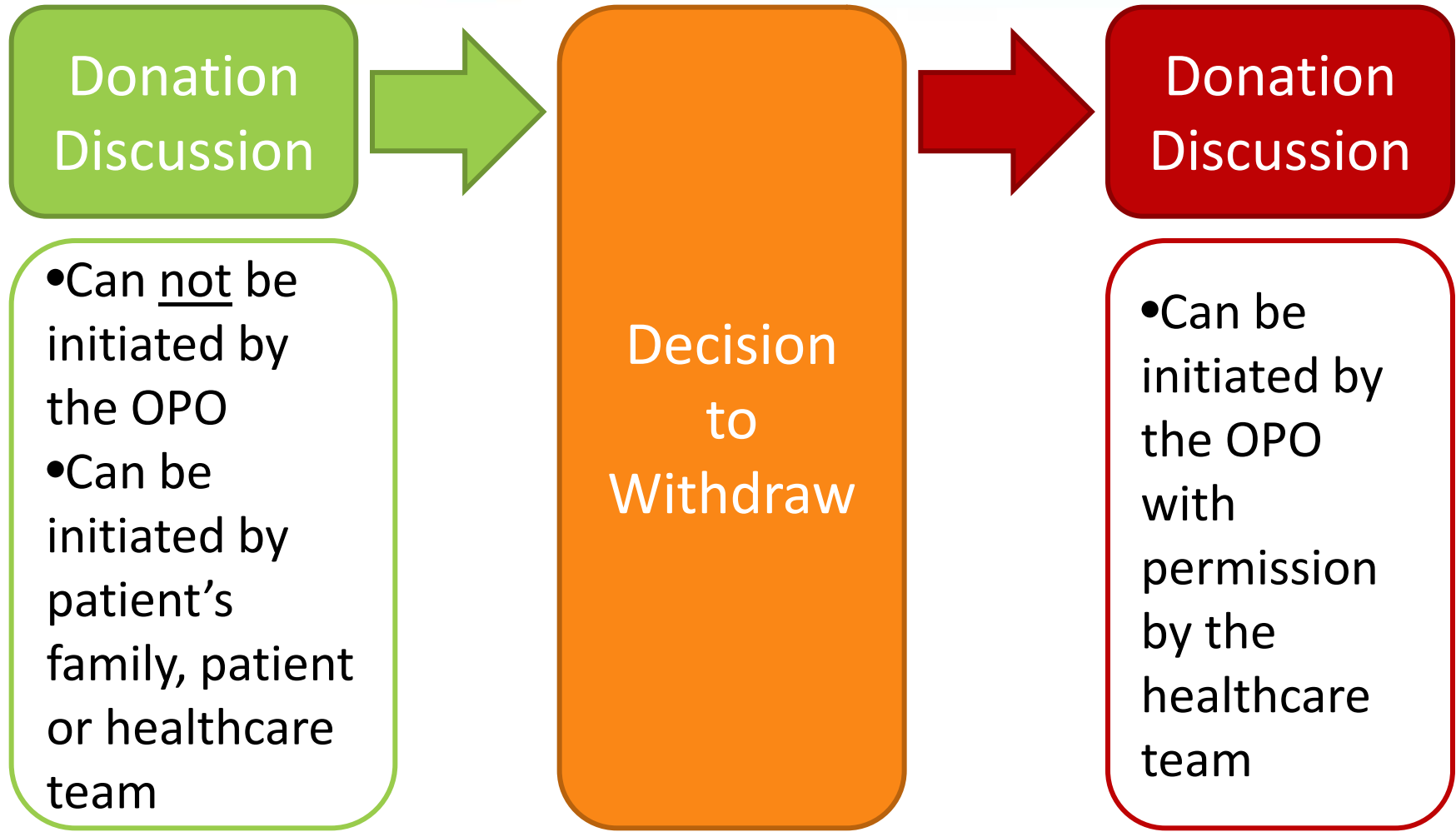
Critical Issue: Donor evaluation *prior* to the decision to withdraw life sustaining measures.

The proposed language **was not changed** and still specifies that “the timing of a potential DCD donor evaluation and donation discussion shall be coordinated with the OPO and the patient’s healthcare team, in accordance with hospital policy.” **But this statement was further qualified.**

Critical Issue: Donor evaluation *prior* to the decision to withdraw life sustaining measures.

- The Ethics Committee supports the OPO Committee's position that the evaluation of DCD eligibility should occur *prior* to the decision to withdraw support in order to be best prepared if a decision to withdraw support is made.
- The AHA policy group reviewed the June 2013 policy version and offered no recommendations for change.

Donor Discussions



Critical Issue: Donation discussion *prior* to the decision to withdraw life sustaining measures.

The proposed language has been modified to read that “**prior to the OPO initiating any discussion with the legal next-of-kin** about organ donation for a potential DCD donor, the OPO must confirm that the legal next-of-kin has elected to withdraw life sustaining medical treatment.”

Critical Issue: Donation discussion *prior* the decision to withdraw life sustaining measures.

- The **Ethics Committee** remains supportive that the policy not be proscriptive about the timing of donation discussions.
- This was a primary “sticking point” for the disability rights organizations submitting public comments.

Critical Issue: Donation discussion *after* the decision to withdraw life sustaining measures.

Allows for earlier donation discussions if initiated by others such as the family, the donor or the health care team.

Critical Issue: Safeguards for conscious individuals

Language was retained from the previously tabled draft that specifies that “Conditions involving a potential DCD donor being medically treated/supported in a conscious mental state shall require that the **OPO confirms that the healthcare team has assessed the patient’s competency and capacity** to make withdrawal/support and other medical decisions.”

DCD Policy Input and Revision

- Ongoing communication with disability rights organizations for policy input since June 2013.
- OPO Committee met on Sept. 10, 2013, to review comments submitted by disability rights organizations, with policy adjustments made.
- OPO Committee leadership met with AHA policy group representatives by conference call on Aug. 27, 2013, and received notice of support for current DCD policy language regarding hospital driven policies and healthcare team oversight on Oct. 22, 2013.

DCD Policy Input and Revision

- The Ethics Committee met on Oct. 21, 2013 and unanimously approved policy proposal that adopted the timing of OPO initiated DCD conversations, defined DCD eligibility, and confirmed timing of OPO DCD evaluation.
- OPO Committee unanimously approved the final policy language on Oct. 30, 2013.
14-0-0 in favor.

Proposal Overview

- Congruent with OPTN Ethics Committee
- Consistent with OPO national practice
- Supported by all national donation and transplant membership organizations
- Reviewed by AHA policy group with no recommended changes

Proposal Overview

- Incorporates language specific to disability rights group requests
- Meets the OPTN strategic plan goals involving:
 - Increasing the number of transplants
 - Increasing access to transplants

Resolution 8

Substitute 1

RESOLVED, that modifications to Policy 2.8 (Requirements for Controlled DCD), as set forth in Resolution 8, Substitute 1, are hereby approved, effective February 1, 2014.

Resolution 8

Substitute 1

Line 33 – Potential DCD donors are limited to patients who have died, or whose death is imminent, and whose medical treatment no longer offers a medical benefit to the patient as determined by the patient, the patient’s authorized surrogate, or the patient’s advance directive if applicable, in consultation with the healthcare team.

Questions?

**Next 3 slides held in case this
gets pulled from the consent
agenda.**

Policies 7.1.6 and 7.1.7 Imminent and Eligible Death Data Definitions

*Organ Procurement Organization
(OPO) Committee*

Richard Pietroski, MS

Distributed for Public Comment September 2012

Proposal Overview

- The Board of Directors approved changes to the Imminent and Eligible Death Data Definitions during its June 24-25, 2013 meeting.
- The OPO Committee resolution stated that the new definitions would become effective pending approval by CMS; however the Board set the effective date at December 1, 2013.

Resolution 5

RESOLVED, that the effective date for changes to Policy 7.1.6 (Eligible Death Definition) and Policy 7.1.7 (Imminent Neurological Death), which were approved by the Board of Directors on June 24, 2013, be changed from December 1, 2013, to January 1, 2015.

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