

Abstract 1

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SAMPLE

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Title:

IMPROVING THE ORGAN DONATION REFERRAL PROCESS

Primary Author/Credentials/Organization/City/State:

Julie Yeh, North Shore University Hospital, Manhasset, NY

Problem/Situation: *Briefly and clearly state the problem/situation to be investigated or described, including the objectives of the research, program, or activity, and how it applies to the principles and methods of organ donation/transplantation.*

A limited supply of organs continues to be a major obstacle in transplantation throughout the United States. Our state has the second largest transplant waiting list in the United States with nearly 10,000 people waiting. Our organization was motivated to improve organ donation throughout our Health System so we looked for opportunities within our current organ donation process. We found an opportunity to improve our organ donor referral process through our Tele-ICU program. Intensive care unit (ICU) nurses are often overwhelmed by the workload of managing their critically ill patients. Due to the complexity of care that each patient requires, the bedside nurse may miss the clinical trigger that would indicate an appropriate referral to the organ procurement organization (OPO), resulting in a missed or a late referral. Timely referrals, referrals made within 1 hour of meeting clinical triggers, by the care team allow the OPO adequate time to thoroughly review the patient's medical chart and collaborate with the critical care team to optimize donation opportunities. In addition, timely referrals allow the OPO to provide early support to patient families and for a planned family approach. By utilizing the nurses in the eICU, we found a way to give back time to the clinicians at the bedside, increase the number of referrals made, and improve the timeliness of those referrals.

Methods/Practices/Interventions: *Describe how the research was performed using rigorous scientific methods, and/or demonstrate that appropriate program planning and evaluation methods were employed.*

The eICU Monitoring Program uses a 2-way audiovisual system to provide extra support to the critically ill patients 24 hours a day, 7 days a week. Through this technology, a specially trained team of eICU critical care doctors, nurses, and other healthcare professionals can monitor patients and their care from an off-site location. This team serves as an extra layer of support and a second set of eyes to the bedside healthcare team. The eICU nurses are critical care trained nurses that have been trained to respond to data driven alerts. Part of their existing workflow consisted of assessing the patient's neurological status and Glasgow Coma Scale score, which placed them in an ideal space to monitor for early clinical triggers and referral for organ donation. A collaborative Quality Improvement Plan was developed to determine if the eICU's workflow could be adapted to include and improve the organ donor referral process. In collaboration with our local OPO, the eICU nursing staff conducted a blind study between February 12th and April 15th, 2016 across the sites they currently monitor. During this time, eICU nurses were trained to identify patients who met clinical triggers and record that information on paper for review while the bedside team continued to make the referrals as they normally would. Following the blind study, a post-study review was conducted to compare the referrals that would have been made by the eICU nurses with the actual referrals made by the bedside team to evaluate the efficacy of this study.

Findings/Solutions/Conclusions: *Describe the results/outcomes along with relevant data that correlates the problem/situation with findings/solutions/conclusions.*

During the blind study, the eICU nurses identified all the patients for whom actual referrals were made by the hospital staff. In addition, the eICU nurses appropriately identified 5.5 times more referrals than the ones called in to our local OPO from the hospital care team. Of the actual referrals made by the hospital staff, 76.5% of them were identified earlier by the eICU nurses than by the bedside team. Furthermore, in a survey polling the ICU nurses, bedside nurses self-reported a feeling of frustration with the amount of time required to refer a patient to our local OPO. Due to the compelling data from the blind study, the organ donation referral process was officially implemented for real-time use at 5 hospitals. These hospitals were selected because of their high donation potential. Nurses in the eICU and in the eICU enabled ICU's were educated on the new organ donation referral process as seen in Figure 1. In an expanded study to review the efficacy of the intervention, we compared referral data 24 months pre- and post-implementation of the new eICU referral process between ICU's that utilized the eICU for organ donor referrals and those that did not. As seen in Figure 2, in ICU's with eICU capability, the number of organ donor referrals increased by 112.1% and the percent of timely referrals rose from 95.1% to 97.0%. In comparison, the ICU's without the eICU function increased the number of organ referrals by 26.8%, however the percent of timely referrals fell from 95.1% to 93.4%.

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Implications/Relevance: Discuss relevance to the professional practice of other transplant professionals and to the award category selected.

Our Health System acknowledged that there was an opportunity to increase the number of organ referrals to possibly improve the national shortage of available organs for donation and transplantation. By evaluating our current workflows in the ICU and Tele-ICU, we were able to enhance the already existing eICU Monitoring Program to include the organ donation referral process. In doing so, we were able to significantly improve the number and the timeliness of organ referrals to our OPO.

Primary Author/Co-Authors: List first and last name of Primary Author followed by first and last names of other authors. Degrees held by each author should be noted.

Julie Yeh, MSN, RN

Figures/Charts/Tables:

Figure 1: eICU Organ Donation Referral Process Map

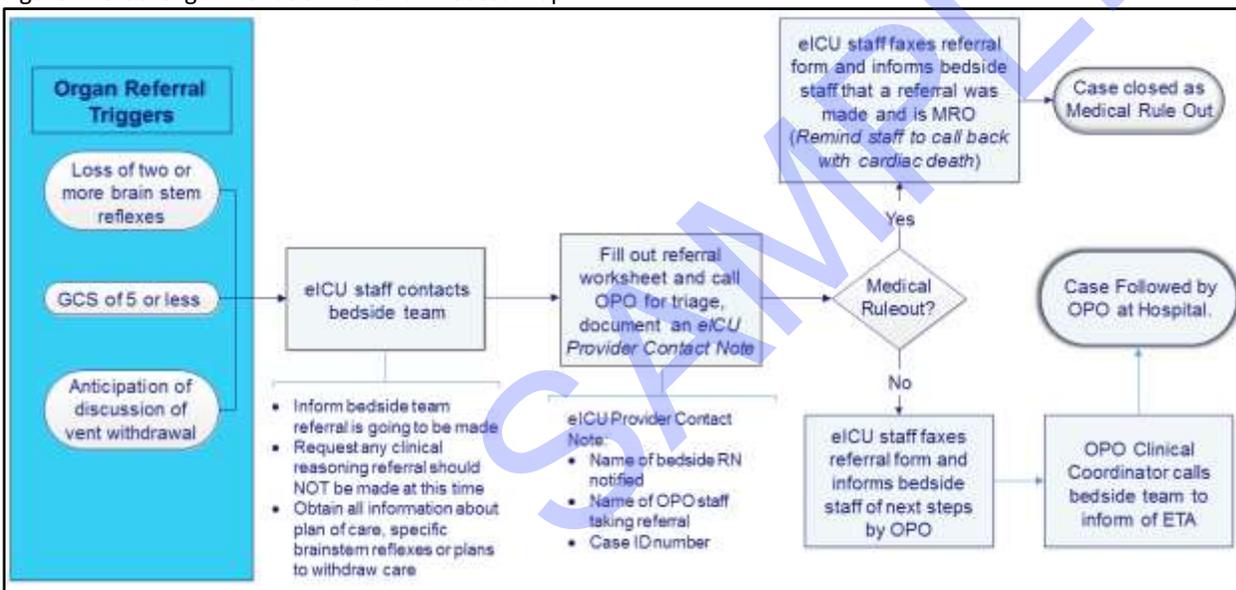


Figure 2: Comparison of eICU Enabled ICU's vs. Non-eICU Enabled ICU's on Referrals and Timeliness

