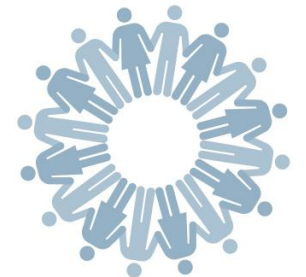


# Region 5: OPO Response to Covid

**Lucy Lawrence**  
**In House Donation Specialist**  
**Sierra Donor Services**

**Sierra** Donor Services  
*an extraordinary commitment to science, health and hope*



# *Relationships are the foundation in a crisis*

Initial OPO Response was to take a brief break from having staff inside hospitals in early stages March/April to assess needs and work to procure/gather PPE for all staff

Hospitals never asked us to limit our presence on site and, in most cases, requested we resume on-site practices

Experienced limitations in access to educational forums

HD increased presence on site during context of referral/donor activity to maximize contact with stakeholders



Process  
Logistics  
Testing  
Staff  
Events



# Process:

- **Referrals:**
  - Decrease in March/April
  - Increase in late referrals in some OPOs after initial referral slowdown April/May
- **Limited Visitation:**
  - Noticeable separation in authorization and UDRAI due to family exhaustion making cases longer
  - Some hospitals not letting any family to be present for terminal extubation in all deaths, especially DCDs, due to covid risk while removing the air line
- **Donation Discussions:**
  - Lack of team huddles
  - Increased phone approaches
  - MD bringing up donation on the phone
- **Increase in Family Declines:**
  - Care teams pushing for quick decision making
  - Family not wanting to be in the hospital any longer than needed
  - Phone approaches by Family Care teams
- **Change in practices of organ acceptance for transplant centers**

# Logistics:

- Gathering of PPE:
  - Nontraditional suppliers
- HD Education:
  - Full stop initially then pivots to virtual education to hospital staff
- Overflow units:
  - New units to handle overflows when surges occur
  - These staff are not aware of donation processes and need more hand holding
  - Adding in more rounding to those units from HD and Clinical staff
- Transfers:
  - DCD transfers, and in some cases transfers due to malware attack
  - Very hard to find open beds to transfer and difficulty to finding MD to accept patient as well as be available for DCD Declaration
  - Hospitals only willing to give the bed if quickly going to OR, difficulty in booking OR

# Testing:

- Difficult time finding labs for OPO covid testing with quick turnaround times
- Sending out our own COVID testing early in referral process
- Hospitals requiring isolation for all patients after testing until covid results negative
- Sending out serologies on high potential donors early on in referrals, for registered donors or before authorization, to speed up case times

# Staff:

- Staffing Changes:
  - Hiring freeze for some OPOs with initial onset of Covid
  - Travelers used in some OPOs
  - Increase in medical leaves and staff turnover
- Staff Covid Testing:
  - Difficult time finding labs for staff that has a quick turnaround time
- Staff Fatigue:
  - Recognition events or employee of the month/quarter clinical and non-clinical
  - Anonymous therapy services through a local provider
  - Stipends for online learning
  - Flexibility for family needs

# Events:

- Halt in Public Education events and registry events
- Donate Life Month:
  - Taken virtual if able
  - Celebrated by Donation Champions within hospitals
- Public Relations:
  - Total move to social media
- Recognition events:
  - Postponed
  - Moved to virtual events