A critical care path “swollen with emotion”

Organ Donor Partners Test the Path from Brain Death to Renewed Life

By Tyler Smith

Perhaps no other activity in medicine combines raw emotion and clinical complexity as intensely as an organ donation. So, when there’s a change among one of the partners in the careful, precise process that can help transform the pain of one life passing to the possibility of another continuing, those involved may decide some practice is in order.

Donor Alliance, which hopes to begin organ-retrieval operations in its new facility within the next few weeks, wanted to make sure communications flowed freely before the first organ donor comes through its doors, said Jean Marso, RN, MS, clinical simulation coordinator for the WELLS Center. Donor organs remain viable only for a finite period of time after a patient is declared brain dead. “It was a [communications] triangle,” Marso said of the simulation. “The purpose was to fine-tune all the necessary items that would be needed to transport the patient.”

Communications coordination. As is often the case, the “patient” in the scripted drama was one of the WELLS Center’s programmable mannequins. The wireless stand-in, named Atticus, played the part of a young man gravely injured in a car accident who was declared brain dead hours after arriving at the hospital.

The hospital contacted Donor Alliance so the patient could be evaluated for organ donation. The organization’s staff arrived, worked with the victim’s family to make sure they gave informed
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consent for the donation, assessed the patient, prepared him for transport, and contacted AMR, which sent an actual ambulance and paramedics.

Hospital staff and paramedics worked together to transfer the patient to portable medical equipment and load him into the ambulance. The ambulance team drove him to the Donor Alliance facility in Lowry, where staff admitted him, moved him from the gurney to an operating table, undressed him, contacted physicians and prepared him for the procedure.

At that point, the simulation, which had played out in real time, ended. WELLS Center and Donor Alliance staff gathered for a debriefing to assess how well the participants followed the process for setting up and completing critical care transport for the patient, said WELLS Center Technical Coordinator Veronica Baiamonte.

The WELLS Center also provided Donor Alliance with written evaluations, recommendations and four or five hours of videotape of the simulation, she said.

“The videotape was used in the debriefing,” Baiamonte noted. “It will also be a valuable tool for Donor Alliance.”

A checklist covered key elements necessary to secure a donor organ, such as communicating with the donor’s family, preparing transport equipment for the ambulance, making sure the paramedics communicated with the Donor Alliance facility during the ambulance ride, and using pumps, monitors and ventilators correctly.

The idea was to identify any gaps in the critical care path that require additional training.

“We assessed the providers’ skills as well as the intervention and Donor Alliance’s systems and processes,” said WELLS Center Director Allen Wentworth, RRT, MEd. “In general, Donor Alliance was very happy with simulation and indicated they may want to do it on an annual basis. It’s also good for new employees and for testing general competencies.”

The simulation accomplished its purpose, agreed Lorrie Linquist, director of special projects for Donor Alliance.

“The teamwork and communication were exemplary,” she said. “Eighty percent of the job of organ recovery is communication. There is so much to plan ahead and so much to orchestrate. Overall, we accomplished what we wanted.”

Making it real. The January simulation grew out of the hospital’s close connection with Donor Alliance, which plays a key role in procuring organs for transplant at UCH and other Denver-area hospitals.

John Harney, the hospital’s president, also chairs Donor Alliance’s governing board of directors.

With the opening of the Lowry facility approaching, Harney suggested that Wentworth look into developing simulation exercises for Donor Alliance. Wentworth, in turn, contacted Linquist to begin exploring the possibility.

About a week before the simulation, the WELLS Center presented a “skills lab,” to help Donor Alliance staff prepare for the exercise, Wentworth said. It introduced staff members to Atticus and the supplies and equipment, including a ventilator, that would be used as props for the medical drama.

“We tried to stay true to a real-life scenario,” said Marso, herself an emergency medicine veteran. For example, AMR’s paramedics
and the hospital’s ICU nurse worked together to transfer the patient from the hospital’s IVs, tubing and ventilator to the ambulance’s portable equipment.

Meanwhile, Atticus’s wireless technology allowed staff to monitor his vital signs as the paramedics wheeled him to the vehicle.

**Daytime drama.** The simulation featured not only medical supplies and equipment, but also flesh-and-blood actors. Marso, for example, played the roles of hospital manager and charge nurse, while a UCH agency nurse portrayed an intensive care unit nurse.

One of the actors was uniquely suited for his part. Carl Miller, director of the hospital’s Patient and Family Centered Care (PFCC) program, played the father of the young man injured in the crash. Miller is intimately familiar with the donor/transplant process: he received a heart transplant at UCH a decade ago and often speaks with donors’ families from his perspective as an organ recipient.

Miller, who recently toured the WELLS Center facility with his PFCC colleagues, said he was chosen to participate in the simulation because of his experience with transplant and his familiarity with Donor Alliance.

But despite having a good idea of what to expect from the exercise, he found it packed a surprising emotional punch.

In the scenario, Miller spoke with representatives of Donor Alliance who were called in to evaluate his son’s organs for donation. A Donor Alliance “family support coordinator” was responsible for keeping Miller and his family apprised of the process and what was occurring at each stage.

Shortly before the ambulance transported Atticus to the Donor Alliance facility, Miller went into the simulated hospital room to say good-bye to his “son.” The experience struck home for Miller, who in real life has a 23-year-old son.

“**It was so realistic that it hit me that this can really happen,**” Miller said. “I felt swollen with emotion. I found I could sympathize — it’s impossible for me to truly empathize — with what a victim’s family goes through.”

Miller’s presence was another part of the WELLS Center’s efforts to simulate the clinically and emotionally complex atmosphere of a hospital unit involved in an organ donation, Marso said.

“We wanted to include all the pieces,” she said, “and all the time factors that might affect transport. Adding a family member brought out that that can affect the time required for transport.”

Harney said he hopes the January simulation leads to other collaborative opportunities for the WELLS Center and Donor Alliance.

“We used it in this case to help Donor Alliance staff get ready for the opening,” he said. “But simulation might also be used for local clinical staff in Grand Junction, Colorado Springs and other communities to help them practice sustaining organ viability in preparation for donation.”

The WELLS Center could help Donor Alliance staff with annual competency check-offs, Linquist agreed, although nothing has yet been finalized. “There are many avenues the WELLS Center could help with,” she said.