

# Verification of ABO Recipient & Donor Prior to Transplant

## The Problem

**CMS requirements:** Prior to implanting an organ from a deceased or live donor, the transplanting surgeon and another licensed healthcare professional must verify that the donor's blood type and other vital data are compatible with transplantation to the intended recipient.

Immediately before removing the living donor organ, the transplanting surgeon and another licensed healthcare professional must verify that the donor's blood type and other vital data are compatible with transplantation to the intended recipient.

**In February 2012 the Transplant Program received a deficiency from CMS for this requirement; paper documentation was not time stamped and therefore did not support compliance.**

## Aim/Goal

- Development of new documentation process to submit with the corrective action plan – 10 day lead time to develop, 45 day lead time to implement
- Development of QI monitoring process
- Demonstrate 100% compliance with requirement during the next 3 year survey period

## The Team

- Linda Lentz, Director Transplant Services
- Deborah Tassone, RN, Perioperative Services
- Amy Evenson, MD, Transplant Surgeon
- Jane Cody, OR System Administrator
- Kevin Afonso, Programmer
- Tracy Brann RN, Live Donor Coordinator
- West Campus OR Nurses

## The Interventions

Developed electronic process using the Perioperative Information Management System

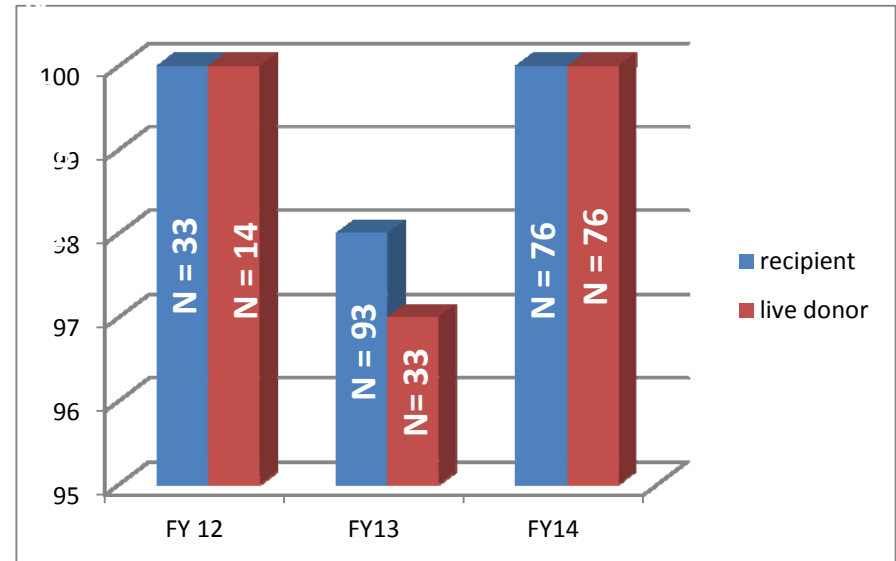
- Created interactive electronic checklists (6) for all organ types including deceased and live donor transplants and kidney paired donor exchange; documentation requirements differ based on the organ type
- Created 2 interactive electronic data entry forms for pre-transplant live donor transplant
- Identified critical times to indicate when ABO must be verified
- Demographics, case type, ABO are electronically populated from OMR system to ensure accuracy
- Revised policies PSM 200-202 Living and Deceased Donor/Recipient ABO, UNOS Donor ID number and Vital Data Verification Process, Intraoperative Electronic Record Documentation Guidelines PSM 100-110 Appendix 3
- Held education sessions for OR staff, surgeons, live donor coordinator

## The Results/Progress to Date

Implementation date March 14, 2012

Every case is audited to monitor compliance with CMS regulation

### PERCENT COMPLIANT



FY12 = March –September

FY13 = October-September

FY14= October-January

## Lessons Learned

With great teamwork a big change can be made in a short time!!

The best test is using the system over time to identify areas for QI

- October 2012 made editorial revisions to checklists
- March 2013 added capability for another CMS requirement
  - Document disposition of vessels: used, destroyed or stored
- July 2013 added capability to document aborted transplant
- Developed downtime forms

Share audit results with team to support education and progress

## Next Steps/What Should Happen Next

Continue monthly audits: CMS expects 100% compliance

Educate new staff to electronic process

