

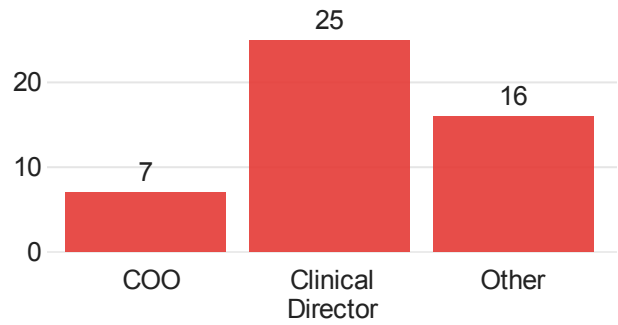


DCD Liver Project

Organ Donation Research Council

Report provided by: Robert Glazner, Donor Network of Arizona

Organ Procurement Organization Participation

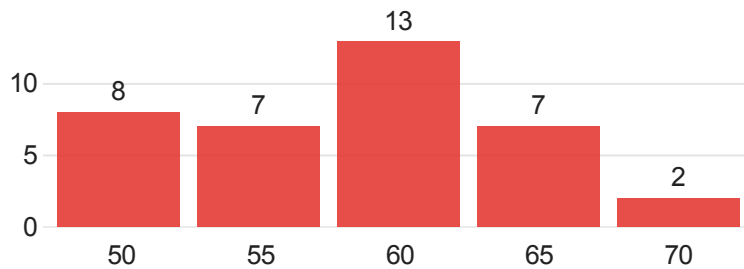


Phase I - Authorization to Arrival of Recovery Team

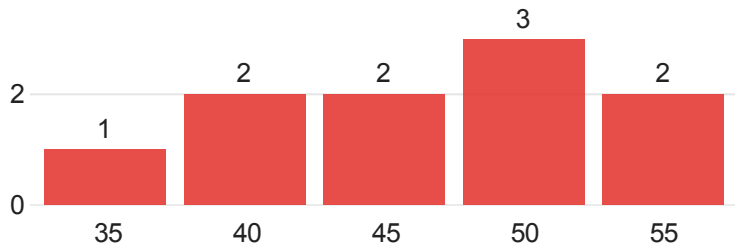
Criteria and Prediction Tools

What are your OPO's AGE criteria for offering a DCD liver?

Q55_3 - AGE

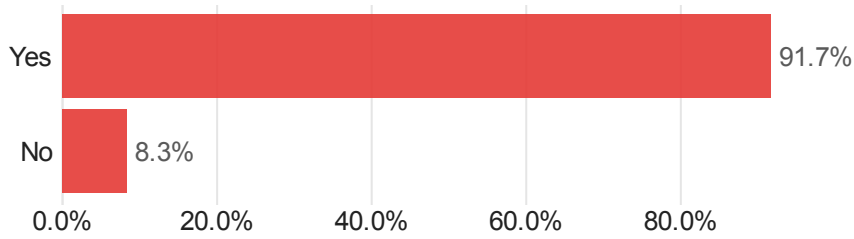


What are your OPO's BMI criteria for offering a DCD liver?



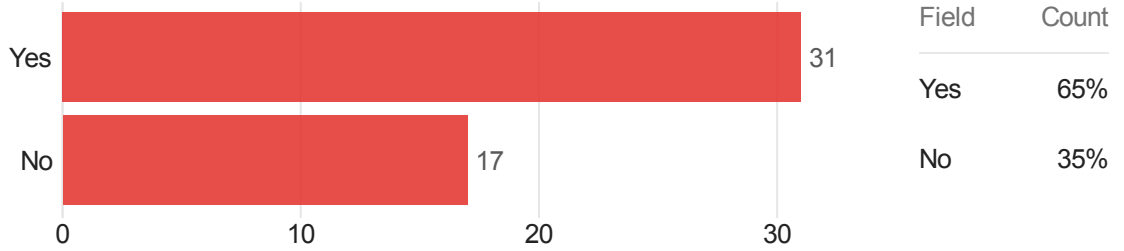
Field	Min	Max	Mean	Standard Deviation	Variance	Responses
BMI	35.0	55.0	46.5	6.3	40.3	10

Does your OPO offer HCV Positive livers?

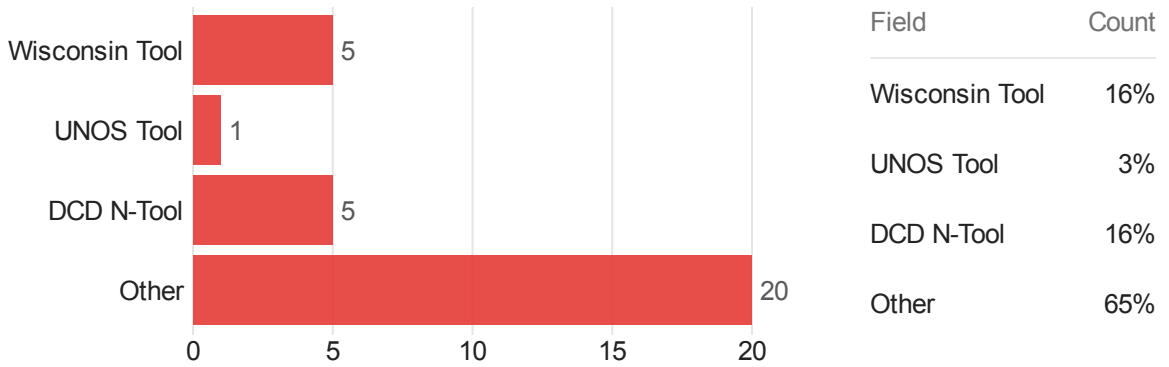


Field	Count
Yes	44
No	4

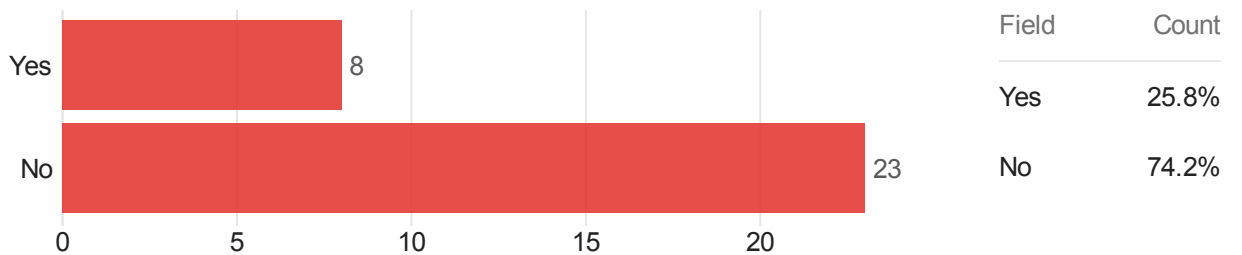
Does your OPO use death-prediction tools?



Which tool?

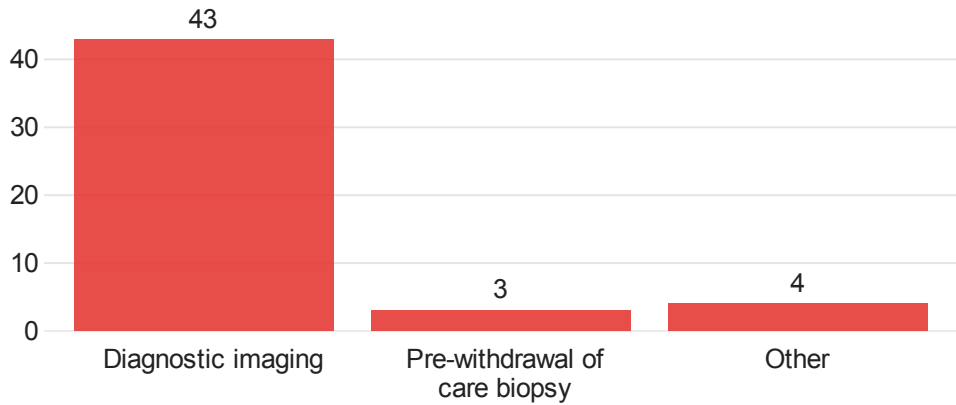


If so, does this affect likelihood of offering liver?



Placement

Other than labs, what investigations are available to facilitate liver donation/placement?



Please specify which other investigations are available:

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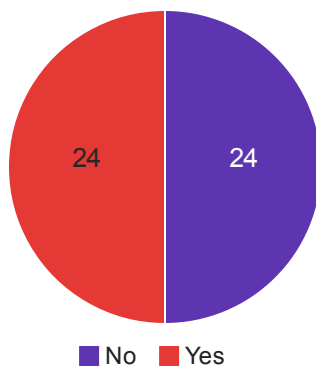
No routine test. Only if requested and is reasonable.

NONE

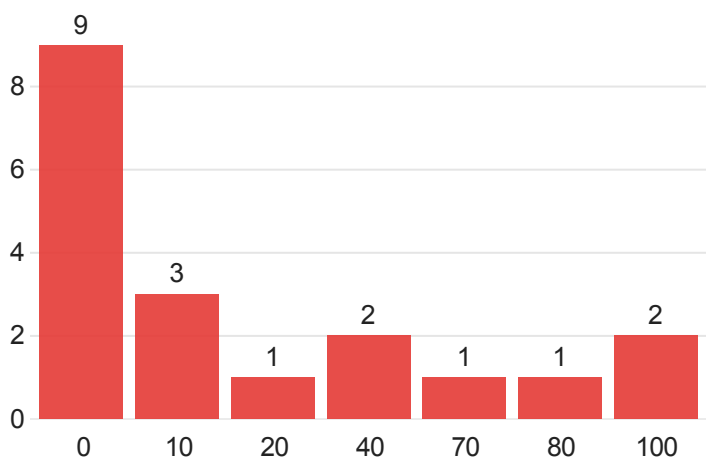
will do a sonogram or post previous CT's if available

Whatever information and/or testing that is done prior to OPO involvement in the case.

Does your OPO utilize expedited placement (pre-serology)?

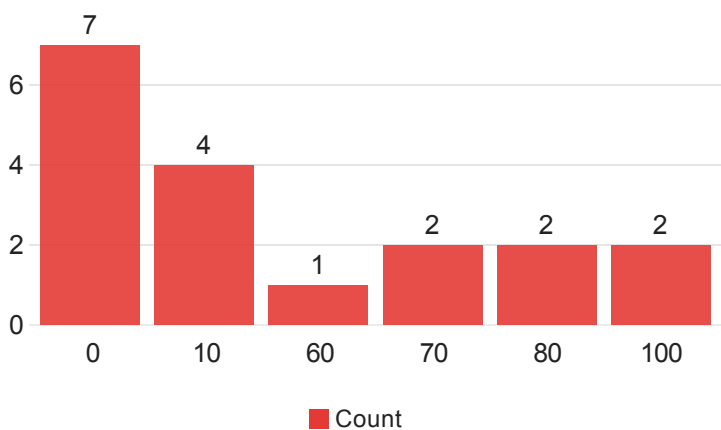


What percentage % of expedited DCD livers have been placed within your UNOS region but outside your DSA?



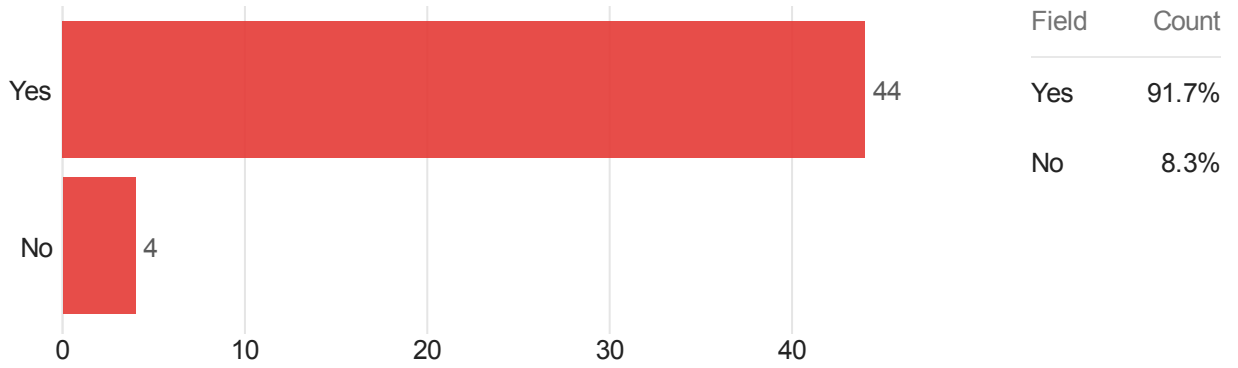
Field	Mean	Standard Deviation	Responses
0-100%	25.3	34.8	19

What % of expedited DCD livers have been placed outside of your DSA?



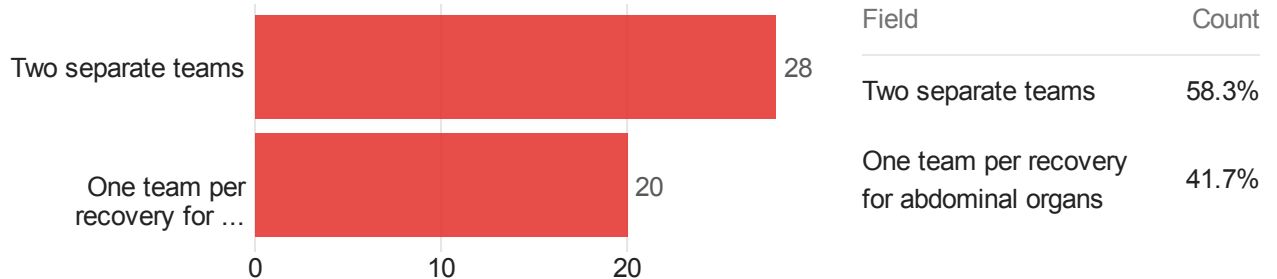
Field	Mean	Standard Deviation	Responses
0-100%	33.3	38.4	18

Does your OPO counsel families so that they understand that successful liver placement for transplantation may delay the withdrawal of care/recovery?

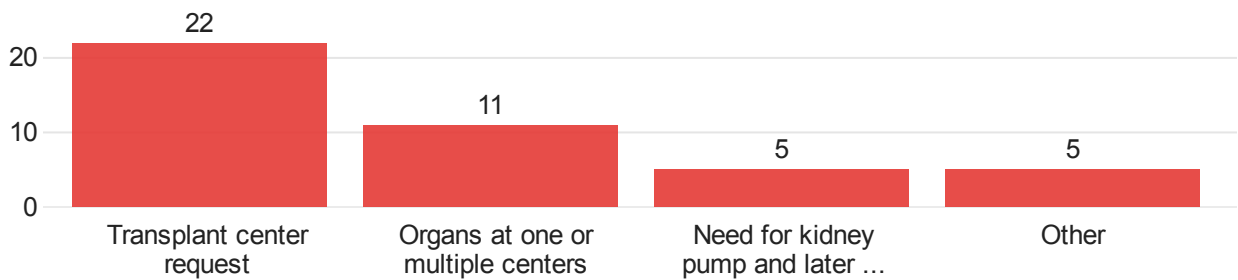


Recovery Team Assembly

What are the specific reason(s) for 2 team utilization?



Do you allow two separate teams for liver and kidneys? Or just one team per recovery for abdominal organs?



Please explain the "other" specific reasons for 2 team utilization:

Nonlocal liver center with local kidney

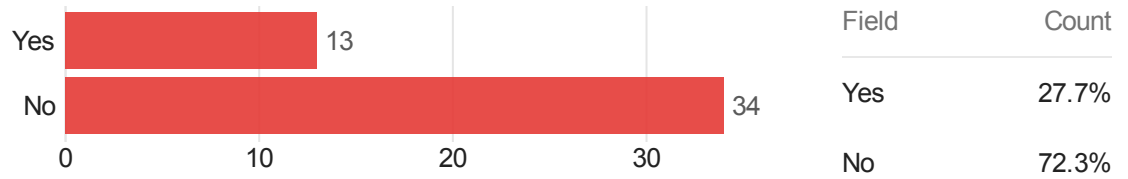
We have a kidney recover specialist who can recover kidneys on most cases, saving time of surgeon & CIT on liver.

Full-time recovery surgeon prioritized for kidneys

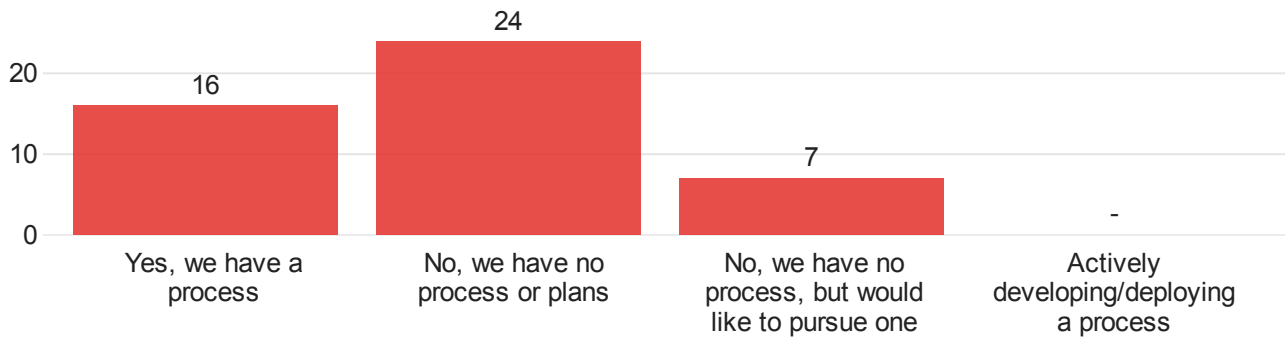
We offer local liver recovery for DCD, if the team wants to come they can. We also always have a local surgeon, since the liver team leaves after 15 WIT and our kidney/lung centers wait 90 min, so we need our own team to do kidney/lung recovery. Our local surgeons and recovery specialist have a very fast efficient incision to perfusion process which helps to limit WIT

It really depends on the case. If our local center is accepting, we will have 1 case. If a center outside our DSA is accepting liver, they will sometimes want to be present and our local surgeon will be available to assist and recovery kidneys

Does your OPO require an attending transplant surgeon to perform recovery?



Do you have a process in place to certify recovery surgeons to specifically perform DCD recoveries?



Field	Count
Yes, we have a process	34.0%
No, we have no process or plans	51.1%
No, we have no process, but would like to pursue one	14.9%
Actively developing/deploying a process	0.0%

If yes, does your OPO verify/honor Transplant certification/process?

