

# System Innovation: Data and Devices

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# SYSTEM IMPROVEMENT STRATEGIES

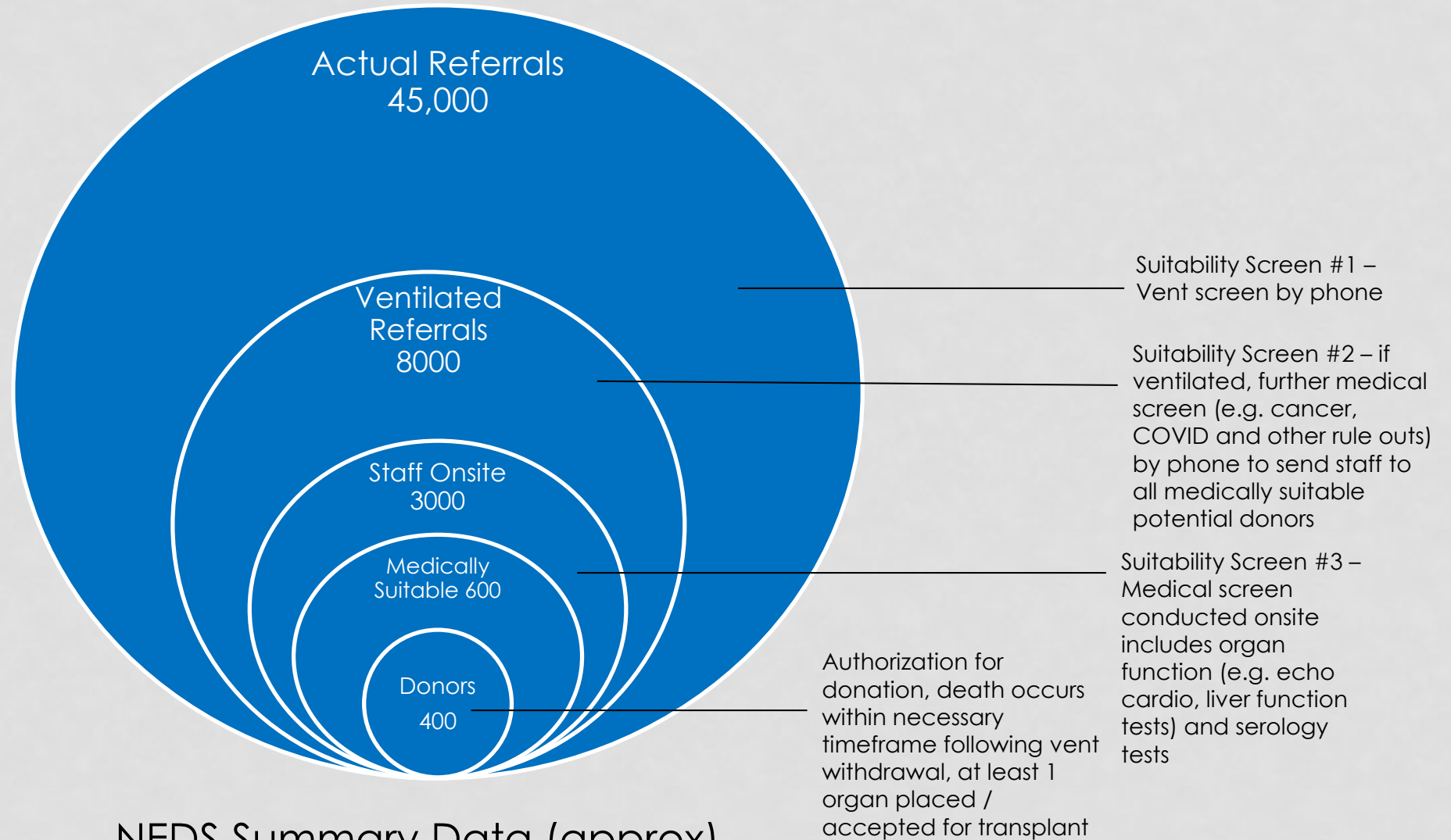
- Increase number who say “yes” to donation
- Increase pool of medically acceptable donors
- Increase number of organs transplanted per donor

# Innovation Through Automation



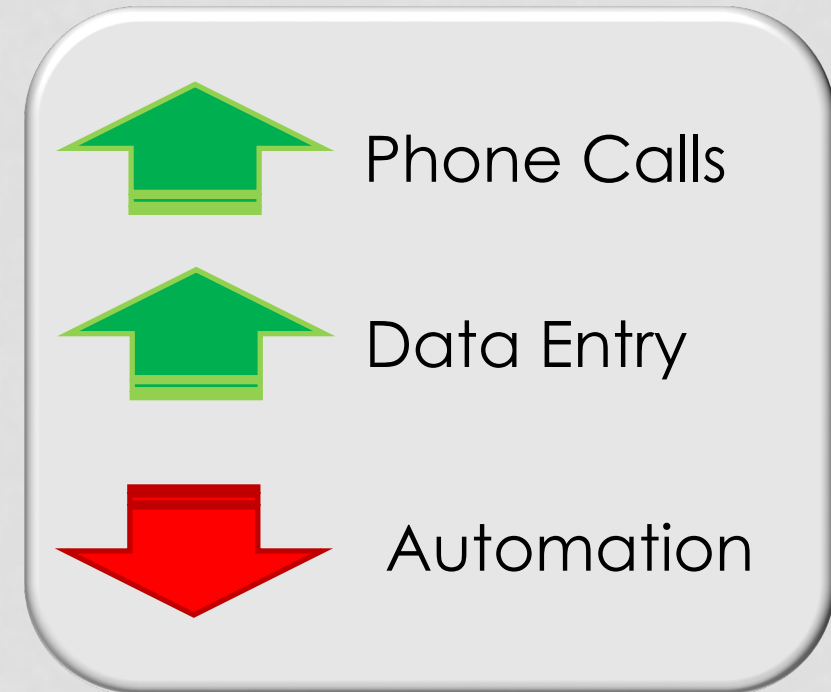
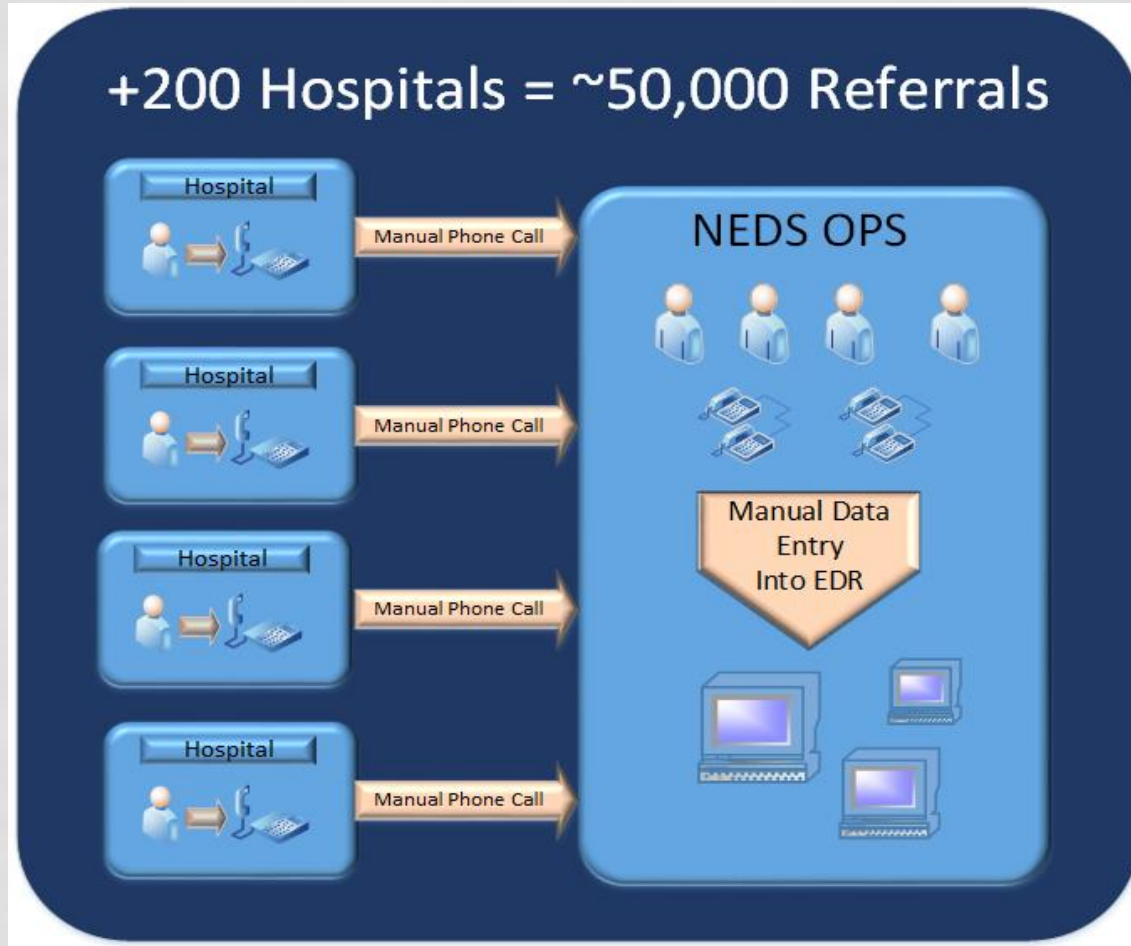
**AUTOMATED  
OPO REFERRALS  
AND DEATH RECORD REVIEWS  
TO BUILD A DATASET**

# LESS THAN 2% OF REFERRED DEATHS ARE CURRENTLY CONSIDERED MEDICALLY SUITABLE FOR ORGAN DONATION

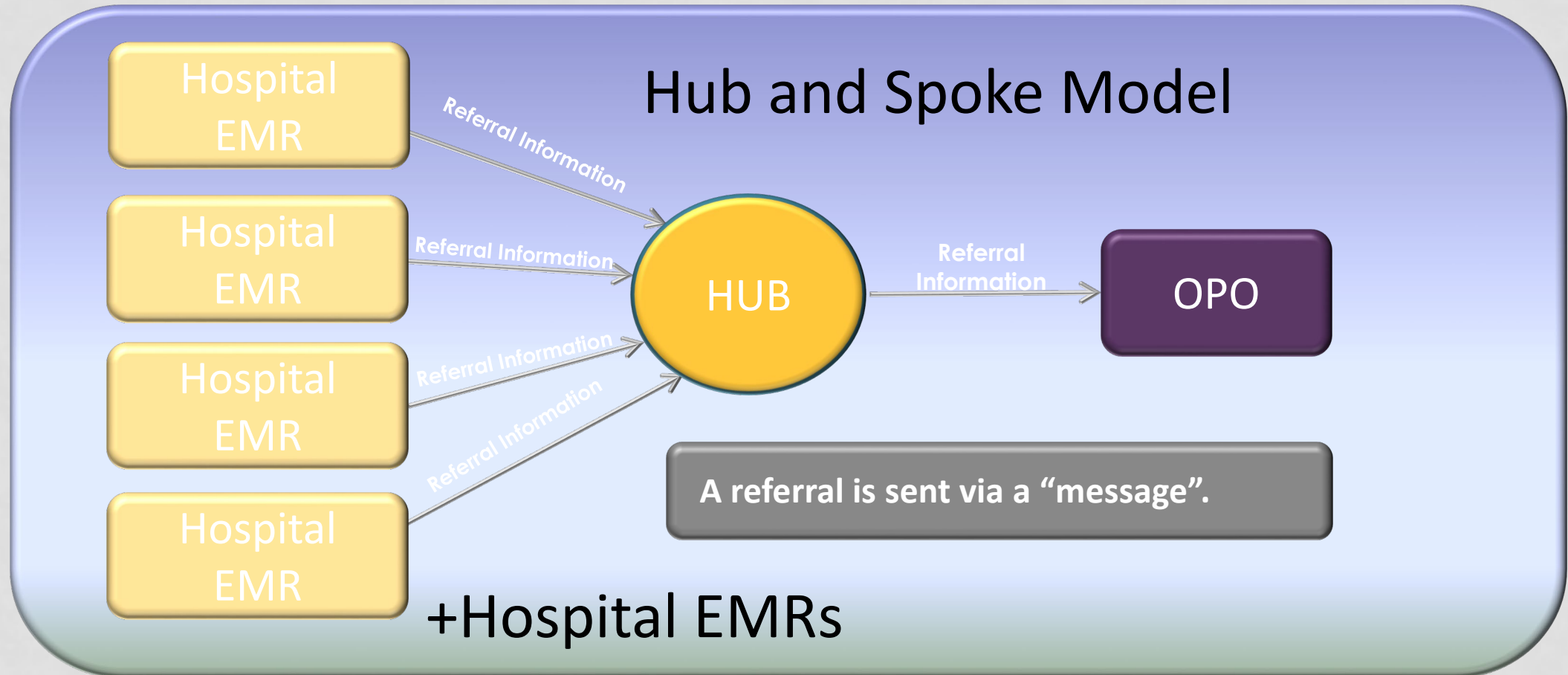


NEDS Summary Data (approx)

# CURRENT HOSPITAL – OPO REFERRAL PROCESS



# Conceptual Model



# INTEGRATION – HIGH SYSTEMWIDE VALUE

## Hospitals

- Improves time efficiency and use of resources (skilled clinical staff will no longer need to call the OPOs 800#, and, then dictate information over the phone)
- Facilitates best donation practices for early referrals
- Ensures compliance with regulation
- Vested interest in continuum of care and ensuring data moves with patient
- Status of patient as referred is known, i.e., a feedback loop

## OPOs

- Facilitates best donation practices for referrals
- Reduces manually data entry and the associated errors.
- Additional and more timely data will allow for operational improvements.





- Hospital provide all inpatient death records monthly to OPO under current CMS requirements
- OPO reviews for improvement opportunities and reports to OPTN/CMS
- NEDS has all 200 hospitals in the region automatically send electronic files (including ICD codes) on a monthly basis

THIS DATA SET HAS EVERYTHING NEEDED  
TO CALCULATE A TIMELY, ACCURATE,  
PATIENT-LEVEL DENOMINATOR  
FOR A DONATION RATE METRIC



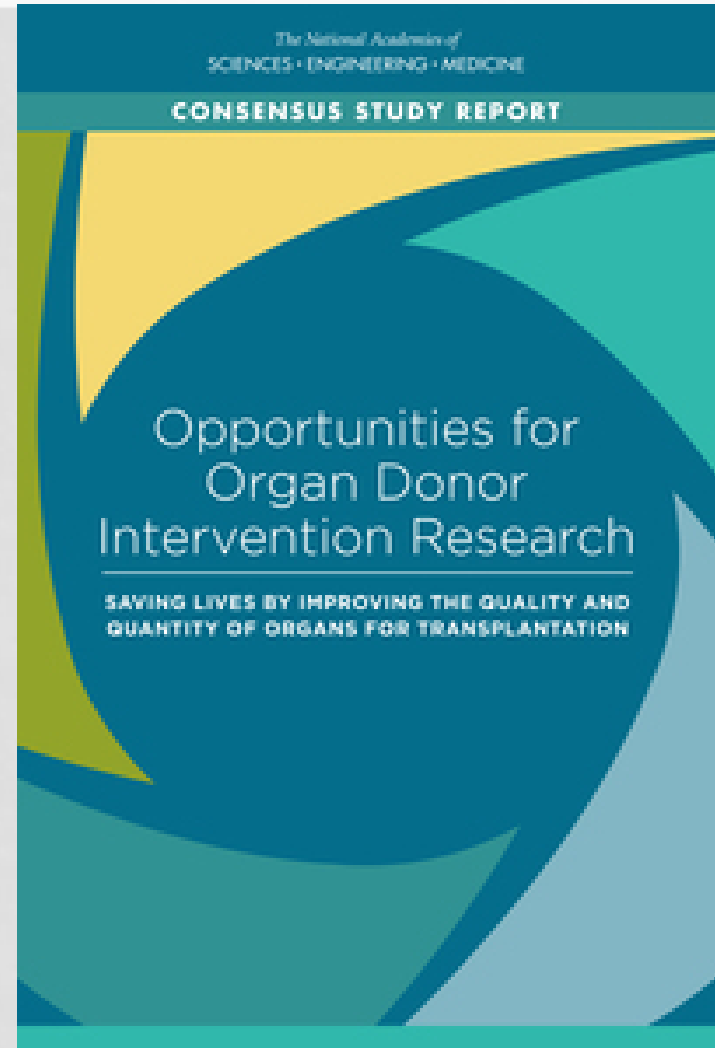


# Barriers and Solutions to OPO-Hospital Integration

- Hospitals IT project que and limited resources. Not costly but must be identified as a priority for the system.
- Regulatory incentives could drive wide-scale adaption of this innovation

# INCREASING QUANTITY AND QUALITY OF ORGANS AVAILABLE FOR TRANSPLANT

- Clinical research
  - Donor Intervention
  - Ex Vivo Intervention
- Expand the Quantity and Quality of Organs Available and Transplanted



# THE POWER OF EX VIVO DEVICES

New England Donor Services (MAOB) DCD Heart Transplant Yield  
Connecticut = 20 heart transplants PMP  
(twice the national average and three times Europe)

HEART



O/E = 1.22

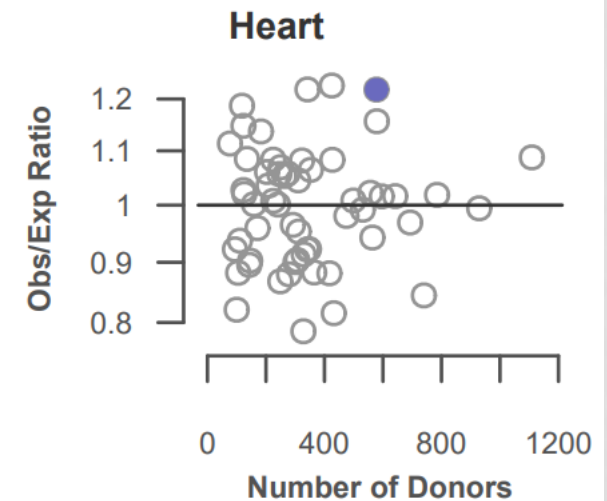
Observed: 36.3



Expected: 29.8

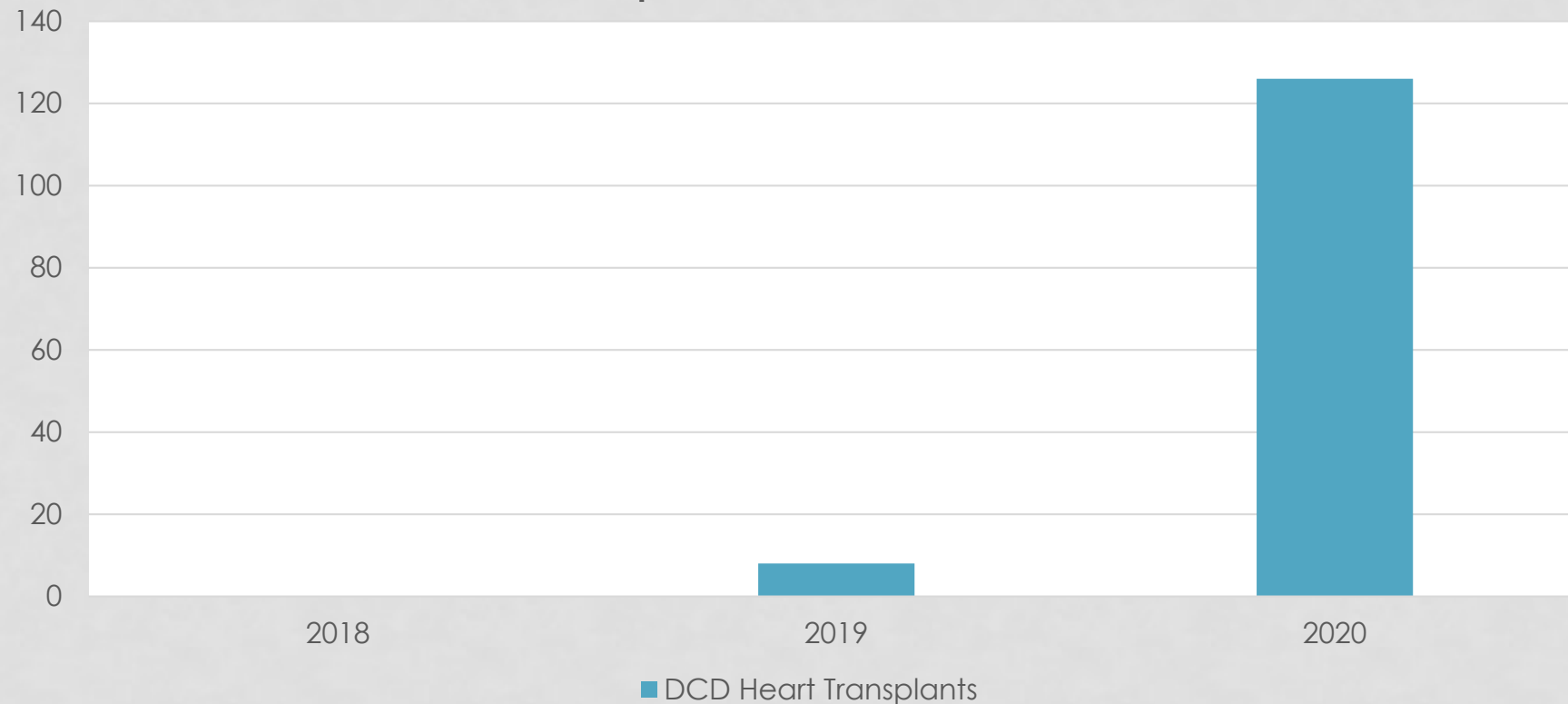


MAOB  
29% DCD  
donors



# THE POWER OF EX VIVO DEVICES

## DCD Heart Transplants Rapid Growth in U.S.







# Barriers and Solutions To Ex Vivo Device Use

- FDA approval process
- Complex clinical trials in transplant
- Coordination of device equipment
- Cost implications
- Allocation complications