

[REDACTED]

From: [REDACTED]
Sent: Monday, December 3, 2018 8:42 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Secure: HRSA 24-Hour Reportable Event - ABO Incompatible Transplant

Good morning:

I wanted to share the good news that the heart transplant recipient in the case was able to be transplanted on Sunday, 12/2/18.




[REDACTED]
Safety Analyst



Matching organs. Saving lives.

[REDACTED]

[REDACTED]

www.unos.org   

CONFIDENTIAL MEDICAL PEER REVIEW CONTENT/CONFIDENTIALITY STATEMENT

This electronic message transmission may include information that is confidential. If you are not the intended recipient, be aware that disclosure, copying, distribution or use of all or any portion of the content of this information is prohibited, except by authority of the sender. If you received this transmission in error, please notify us as soon as possible by e-mail and delete the original message.

.....
From: [REDACTED]
Sent: Wednesday, November 28, 2018 1:46 PM

To: [REDACTED]
[REDACTED]
[REDACTED]
Cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject: Secure: HRSA 24-Hour Reportable Event - ABO Incompatible Transplant

HRSA Colleagues:

On November 28, 2018, the Member Quality Department received a report of four ABO incompatible transplants involving organs from a single donor allocated by OPO 02412N. Per Wakefield Criteria #6 (any issue that may pose a serious threat to patient safety) we are reporting this event to you. A summary is provided below of what we know about this event as of this moment:

Case Facts:

Donor ID#	[REDACTED]
Organs Transplanted	Bilateral Lung, Heart, Liver, Left Kidney
Organs Allocated but Not Transplanted	Pancreas, Right Kidney
Date of Donor Hospital Admission	11/24/18
Date Declared Brain Dead	11/25/18
Date of Organ Procurement	11/27/18
Transplant Dates	11/27/18 and 11/28/18
Date OPO Alerted	11/28/18
Date UNOS Alerted	11/28/18
Donor ABO Used in Allocation	O
Donor Correct ABO	A1

Available Case Information:

OPO 02412N managed a donor who received multiple units of blood products as part of a massive transfusion protocol. The first ABO typing performed was indeterminate, but the second and third typings indicated an ABO of O. Organs were allocated as O. The heart center transplanted the heart into an ABO B recipient; upon release of cross clamp surgeons saw immediate signs of rejection and the heart recipient was placed on ECMO. The left kidney recipient, ABO O, was transplanted and is "not doing well." The lung transplant recipient, ABO O, was transplanted, had acute rejection, was put on ECMO, and died. The liver recipient, ABO O, shows no signs of rejection and the surgical team feels optimistic that they can manage the transplant. It appears that the pancreas center and right kidney center did not proceed with transplant due to being informed of the ABO issue or via finding the ABO of A1 independently.

Donor Analysis:

The donor was a 24-year-old female who died from a motor vehicle accident. The donor was identified as PHS Increased Risk due to hemodilution. The initial indeterminate ABO was not mentioned in DonorNet.

I will provide any additional significant updates as they are identified.

Please let me know if you have any questions or concerns.

[REDACTED]
Safety Analyst



Matching organs. Saving lives.

[REDACTED]

[REDACTED]

www.unos.org   

CONFIDENTIAL MEDICAL PEER REVIEW CONTENT/CONFIDENTIALITY STATEMENT

This electronic message transmission may include information that is confidential. If you are not the intended recipient, be aware that disclosure, copying, distribution or use of all or any portion of the content of this information is prohibited, except by authority of the sender. If you received this transmission in error, please notify us as soon as possible by e-mail and delete the original message.