

LIFE ALLIANCE  
ORGAN RECOVERY AGENCY  
UNIVERSITY OF MIAMI



February 28, 2019

VIA SECURE EMAIL

[REDACTED]  
Safety Analyst  
UNOS Member Quality  
[REDACTED]

Dear [REDACTED]

This letter is in response to United Network for Organ Sharing's (UNOS) February 14, 2019 inquiry regarding Life Alliance Organ Recovery Agency's (LAORA) management of donor [REDACTED] where organs were allocated as a Donation after Circulatory Death (DCD) from a brain dead donor. Indented paragraphs are excerpts from the medical file.

Donor [REDACTED] is a 41 year old female, admitted on 11/19/2018 due to a motor vehicle accident that resulted in submersion of the vehicle and cardiac arrest.

11/24/2018 at 10:29 – First brain death note.

11/26/2018 at 15:34 – Hospital advised LAORA that they are waiting on the family to arrive and withdraw life support.

11/26/2018 at 22:05 – Pre-approach huddle is called to strategize about the best plan for engaging the family. The following note is from the coordinator on-site at the time.

DCD Approach Information: Early Interaction implemented? No.

Brief synopsis of conversation: DFA [REDACTED] and I were introduced to LNOK "[REDACTED]" (patient's mother), patients 16 year old son "[REDACTED]", and a few siblings of the patient, as family advocates from the University of Miami working in conjunction with MSMC. After exchanging pleasantries and hours of family support provided, explanation of WDLS/ME process was discussed. At that point DFA [REDACTED] and I decided it was appropriate to bridge into the topic of OD.

We discussed the benefits of BD and DCD donation, and after much consideration the family as a unit decided that they did not want to wait until BD declaration, and want to be

present at time of WDLS, so they have chosen to move forward with DCD donation as patient would have wanted to help save others lives. Teddy bears and memory pins were provided to family, as well as my personal number should they want to speak with me for any reason.

██████ and I were able to continue to offer support until family decided to leave the unit for the evening to rest. Authorization form and UDRAI was completed, family is currently working on completing moment of honor to be read pre-OR.

Organs / Tissue / Eye Consented?: Organ (YES), Tissue/eye (NO). Research consent?: yes  
OTE Restrictions: No tissue and no eye donation or research, for body integrity issues.  
Time constraints?: Yes, to be in the OR by Wednesday 11/28/18 at noon. Private donation?:  
no Family notification 4 hour pre / post OR?: yes both. Directed donation?: no Pillars of  
Essence Aftercare Program?: yes Tree of Life Program?: n/a ME Case?: pending Body  
Release Form completed?: pending Copy of ID obtained?: No, not available. LNOK  
Contact (Name, Relationship, Phone Number): ████████ (mother) ████████  
Funeral Home Information: pending, family is making arrangements to take the body to  
██████ for a family viewing there. Family dynamics / Special instructions not listed  
above: Mother and sisters have the same name.

11/27/2018 at 06:00 – Patient was declared dead based on neurological criteria.

11/27/2018 at 19:55 – Conversation with the donor's next of kin regarding brain death and donation. The next of kin understood brain death yet remains wishful to move forward with organ donation after witnessing asystole, the following is a note from the coordinator on site at the time.

Witnessed conversation between DMC ████████ and LNOK at 19:55. Mother of patient understands patient is brain dead and has a time of death (notes are not yet published on itx due to corrections pending by MD 1 and 2). Mother of patient wishes to move forward with organ donation but will only do so if she witnesses asystole. Mother understands gift of life will not be maximized as a result of running a BD potential donor as DCD and continuous to firm on her decision for emotional closure. Leadership was made aware during our PM report. Case will be ran as a DCD due to family dynamics, despite BD.

11/28/2018 at 00:24 – A pre-allocation huddle is called, organ offers were made as DCD per family's wishes to be present for asystole.

11/28/2018 at 08:00 – Documentation from coordinator on-site continues to indicate family's request to proceed as DCD due to emotional reasons. The following is a note from the coordinator on site at the time.

S: Brain dead patient s/p MVA-drowning. Family requesting DCD due to emotional reasons. See family dynamics note for further details. O/A: Hemodynamically stable Vitals WNL gtt Levophed 1-3 mcg/min Vaspressin 0.01 units/min T4 5 mcg/min MIVF NS 75 mL/hr Latest CMP, PT,PTT, INR of 05:20 continue pending \*Trend of Na to be monitored for possible. Fludrocortisone 0.2mg daily addition Most recent WBC 11.33 As discussed with MD ████████ fefepine to be D/C and replaced with Zosyn 3.375 Q6hrs and addition

of Levaquin 750 mg daily. Cultures continue pending GS + and properly covered Respiratory status improved AC 13/450/40%/+5 7.40/41/122/25.4 ABG on 40% CT of chest indicated possible ARDS with a new pneumothorax to the LL measuring 2.1 cm. Finding discussed with MD [REDACTED] Patient is stable at this time, we will continue to monitor. Patient UOP 75-400 ml over night with one dosage of Albumin 25 + Lasix 40 mg Electrolytes (Mg and Phos) replaced per hospital electrolyte replacement protocol. IR liver biopsy completed at bedside per request of FLCC. OR booked for 12:00PM, per family request. Pending: family update of case

11/28/2018 at 09:17 – The family was granted 2 extra hours, recovery OR is set at 14:00, the following is from the allocation coordinator's documentation.

Received a call from [REDACTED] and she stated she was able to get us an extra 2 hours as per the mother which means the OR time is now set for 14:00 this afternoon. I went ahead and updated [REDACTED] at FLCC with the new OR time and that as soon as we have the Liver Bx results we would be contacting him.

11/28/2018 at 09:49 – The coordinator on-site documented that the next of kin will be arriving to the hospital at 13:00. The following is documentation from the coordinator onsite at the time.

Received report from DMC [REDACTED] regarding family dynamics. Mom was asked to provide us with more time to go to the OR. Mom kindly accepted to push OR Back but no longer than 14:00. She is planning to arrive at the Hospital around 13:00 and required to be explained about the process once again. She is aware that I will be here for support and willing to help family and navigate their concerns. Currently, no family at bedside DMC [REDACTED] was able to speak with OR Charge Nurse and OR was rescheduled for 14:00. HD [REDACTED] and I will be heading to OR to touch bases. AOC [REDACTED] has been updated

11/28/2018 at 12:11 – Pre OR huddle is conducted. The plan is that while the donor is brain dead, LAORA will proceed with recovery as a DCD and cardiac standstill will be documented by the hospital staff. The following is a note from the Administrator on Call who was on-site.

Late entry - I was onsite to provide support for withdrawal in the OR. Per DMC [REDACTED] RT will be extubating, RN will be advising of cardiac standstill time, confirmed by EKG, and DFA [REDACTED] will be providing family support. There are no needs at this time. I reminded DMC [REDACTED] to ensure administration of Heparin 5 mins prior to extubation.

11/28/2018 OR sequence of events:

At 15:40: Time out;

At 16:05: Heparin is given;

At 16:10: Moment of Honor;

At 16:12: First incision;

At 16:19: Cross clamp;

At 16:40: Liver is out; and

At 16:55: Kidneys are out.

Documentation reveals that the family was present in the OR at the time of extubation and subsequently exited the OR and authorized recovery. The following are notes from coordinators on-site at the time with their account of events.

Late entry Mother [REDACTED] and brother [REDACTED] arrived at the Hospital just minutes before OR , we briefly gathered in patient's room to make the pertinent arrangements for the WDLS process. When required, we escorted patient's bed to the OR. Personalized Moment of Honor was read and then patient was extubated. We exited the OR and mom became very distraught. I deemed appropriate stay with them for family support and I was able to address their concerns about next steps since they are planning a viewing in [REDACTED]. Around 18:00 mom decided to leave and politely asked me to call them once OR finished. Received a notification from DMC [REDACTED] with the OR outcomes. A call was placed to Brother [REDACTED] who was very grateful for our communication.

Summary : We have a meeting with MSMC OR staff, Abdominal team (Dr. [REDACTED], Dr. [REDACTED], Dr. [REDACTED], Anesthesia , SRC,s ) we discuss the procedure as instructions to be a Withdrawal in the OR per family requested before to go for recovery since this patient was pronounced BD in 11/27/2018 at 0600 am, we did not need to monitor Vitals after extubation in patient pronounced death before, everybody was in agreement and we proceed to WDLS in presence of the family inside the OR. The family was notified by myself and DFA [REDACTED] before the procedure in details and was in agreement, without complaint . Family was scolded after extubation and moment of honor to the waiting room again without complication or issues. Cross Clamp at 16:19 (Time of Cardiac death). No warm ischemia time. DFA [REDACTED] support the family before and after OR. Successfully recovery Liver and Kidneys.

Addendum to DFA note from 11/28/18 at 19:00 Mother [REDACTED] and patient's brother [REDACTED] arrived at the Hospital just minutes before OR time, however, we had enough time to discuss the pertinent arrangements for the WDLS process. Mother had previously requested to receive an explanation about the OD process one more time. I was able to present at length the process and Mrs. [REDACTED] verbalized understanding. When required, we escorted the patient's bed to the OR and we gathered in a private room waiting for the bunny suits to be ready. While there, Mrs. [REDACTED] shared with me that she had given birth 12 children but mostly Males, therefore she made a vow to God expecting a Daughter in return, finally she had a daughter and today her daughter was living with God. She mentioned that she understood that her daughter had gone already when she was declared BD, however she would like to be present at the time of the final moment for emotional closure. DMC [REDACTED] had previously joined our conversation and was able to provide them with more details about the WDLS process. At that point, both mother and brother agreed to leave the OR right after extubation and not to wait until cardiac standstill, as previously requested. We proceeded to get into OR, Personalized Moment of Honor was read and then patient was extubated. We exited the OR quietly, however when we got the private room mom became very emotional, she shared that she eventually will be fine even though she

will need some time to process that she won't see her daughter again. I deemed appropriate to stay with them for family support and I was able to address their concerns about next steps since they were planning a viewing in [REDACTED]. Mother thanked me many times for our support and the way we've turned this tragedy in something marvelous. Around 18:00 mom decided to leave and politely asked me to call them once OR finished. Received a notification from DMC [REDACTED] with the OR outcomes. A call was placed to Brother [REDACTED] who was very grateful for our communication.

Summary:

The family exited the OR at the time of extubation and authorized recovery. With the rapidly changing family dynamic, LAORA proceeded to honor their wishes and recovered quickly as the patient was brain dead, momentarily after the recovery started as a DCD. This was done to minimize ischemic time and honor the family's wishes. LAORA did not consider stopping the recovery process, re-intubating, and re-running organ offers as a brain dead donor due to the high probability of losing family authorization and the additional strain on the family. LAORA made a commitment to this family to proceed with donation in this way to honor their wishes that they be present in the OR and to minimize the time as they requested.

Please do not hesitate to contact us should you have any questions or require further information regarding the above.

Regards,

[REDACTED]