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Physician referral rather than proxy referral to an organ procurement organization following asystolic death results in higher tissue donation rates

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Abstract

Timely referral of patients following asystolic death to an organ procurement organization (OPO) may increase tissue donation rates. Notification of the OPO following asystolic death was formerly the responsibility of the admitting office. We hypothesized that changing the responsibility from the admitting department to the declaring physician for calling the OPO would increase timely referral and tissue donation rates. In 2006, the instructions accompanying the working copy of the death certificate were altered to require the patient's physician to call the OPO within one hour of death. From 10/2006 to 2/2007 intensive communication and inservicing was carried out in all intensive care units. Timely referral and donation rates were tabulated before and after the intervention. Data were modeled longitudinally using Generalized Linear Mixed Models (SAS). There timely referral rates rose 2.1 fold on campus 1 ($p < 0.05$) and 1.3 fold on campus 2 ($p = \text{NS}$). The tissue donation rate rose significantly (2.6 fold, $p < 0.05$). In 2005, the donation rate was 21 cases/year and rose to 56 cases/year by 2008 ($p < 0.05$). The rate has held steady since that time (2009-2012). Physician referral rather than referral by other parties following asystolic death results in higher tissue donation rates.

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