How an Organ is Managed (Or Not) in Our Current Organ Donation System

**PHASE 1: Procurement**  
Donor Hospitals → OPOs → Transplant Centers

1. **Recipient Candidate**  
   - Patient meets clinical triggers

2. **Donor Candidate**  
   - Hospital staff starts a referral to OPO

3. **Organ Procurement Organization Staff or Contractors**  
   - Enters provisional offer
   - Reviews referral notification from Donor Hospital and triages

4. **Referral Evaluation: reviews medical records & donor registry**  
   - If staff is making referral, determines whether to reach out to DPO
   - If OPO's EHR system has triggers, it automatically sends a referral

**Organ Loss #1**  
- If referral is not received, or referral not made, or at all (HIGH FREQUENCY)

5. **OPO staff speaks with Family**  
   - If patient is not a first person authorized donor, the Family does not want to cooperate, the OPO may choose to walk away from the case.

6. **For OPO causes: Family is discussing withdrawal of care**
   - For graft causes: brain death
   - Manual transfers info from Donor Hospital ER to OPO's EHR system - starts following potential donor's clinical status

**Organ Loss #2**  
- If Family does not authorize donation (DISCRETIONARY)

7. **Manual transfers info from Donor Hospital ER to OPO's EHR system**
   - Or Family has brought up/ discussed withdrawal of care

8. **OPO staff speaks with Family**
   - If OPO staff does not have the Family's dates and times for when they were notified (LOW FREQUENCY)

9. **Organo Loss #3**  
   - If Family does not authorize donation

10. **OPO staff speaks with Family**
    - If OPO staff and Family are not able to reach a consensus

11. **Referral Evaluation: reviews medical records & donor registry**
    - If OPO staff does not have the Family's dates and times for when they were notified

**Organ Discard #6**  
- If OPO fails to recover organs in a timely manner or an organ is found to be non-viable after recovery (LOW FREQUENCY)

**PHASE 2: Match and Recovery**  
OPOs → Transplant Centers

1. **XmlFile**  
   - Signs paperwork
   - DISCRETIONARY

2. **Uses TransNet to label and pack organ to be shipped to transplant center**
   - If organ is not received and accepted by TxC before cold ischemia time limit is reached

3. **Receives organ**
   - Secures OR time and preps patient for transplant

4. **Performs transplant surgery**
   - Reports transplant results into TIEDI and de-lists recipient from waitlist

**Organ Discard #7**  
- If organ does not meet clinical triggers

**PHASE 3: Transport and Transplant**  
OPOs → Transplant Centers → Organ Recipient

1. **Enters decision into DonorNet and informs OPO (usually by phone)**

2. **ORGAN DISCARD**  
   - If organ fails to recover organs in a timely manner or an organ is found to be non-viable after recovery

3. **Recipient decides whether to accept offer based on organ condition**
   - TxC may not accept if patient, but could try if patient - OPO would need to approve and write letter explaining reason (local back-up)

4. **Recipient receives transplant**
   - Organ is successfully maintained

**Organ Discard #6**  
- If OPO fails to recover organs in a timely manner or an organ is found to be non-viable after recovery

**Organ Discard #7**  
- If organ does not meet clinical triggers