Preparing for Pre-Approach Huddles

E. Kate Valcin, MSN, RN, NEA-BC, CNL, CCRN-K
Region 9 Educational Collaborative
September 25th, 2018
Who Am I and Why Am I Here?

- Critical Care Nurse for 20 years
- Member of the Finger Lakes Donor Recovery Network Community Advisory Board since 2015
- Donation “Aha” moment three years ago
- Doctoral Student at University of Rochester School of Nursing
- Director of Adult Critical Care Nursing at UR Medicine- Strong Memorial Hospital
Approach For Consent to Pursue Donation - What Are the Influencing Factors?

- Donation requests are made to the family of the potential donor during a high stress time (Chandler, Connors, Holland, & Shemie, 2017)
- The preparation of healthcare workers discussing donation can impact donation rates (Potter, et al., 2017)
- The requestor must provide the right amount and type of information so as not to be perceived as pushy (Philpot, Aranha, Pilcher, & Bailey, 2016)
- Additional factors have been identified as influencing the outcome of consent conversations (Chandler, Connors, Holland, & Shemie, 2017)
  - Utilization of decoupling
  - Allowing family sufficient time to process the news
  - Location of the request
  - Time of day of the request
  - Experience and demographics of the requestor
- Relationship between hospital and organ procurement staff (Ali, et al., 2017)
“A team huddle consists of a meeting between the healthcare professionals involved with the patient’s care and the OPO staff to collaboratively develop the best possible plan for approaching the potential donor’s family to request consent for donation”
Pre-Approach Huddle Occurs
“A team huddle or preapproach planning session to share information and determine the approach that will best meet the needs of the family is recommended”
Re-design of Pre-Approach Huddle Process - Barriers

- Hospital team members unable to agree on a set time
- Hospital team members unsure of role in huddle
- Lack of provider, social work, support services present at huddle
- Location for huddle to take place
- Pre-mentions occurring
Re-design of Pre-Approach Huddle Process - Recommendations for Improvement

- Standardized approach to huddles and topics covered
- Focus on hospital team participation and preparation
Re-design of Pre-Approach Huddle Process - The Checklist

- Checklist developed based on best practice and feedback from Family Services Coordinators
- Role Guide for Hospital Staff Developed
- Checklist implemented on March 11th, 2018
Re-design of Pre-Approach Huddle Process - The Checklist

**Pre-Approach Huddle Checklist**

Donor Name: ___________________________  Type of Approach: FPA  BD or DCD

Date/Time Pre-Approach huddle started: _______________  Huddle Leader: _______________

Type of Pre-Approach huddle: traditional timing  expedited due to family need or patient condition

**Participants:**
- [ ] Provider: Attending Managing Patient
- [ ] Provider: Resident Assigned to team
- [ ] Provider: Fellow
- [ ] Provider: Advanced Practice Provider (NP/PA)
- [ ] Provider: Other: ___________________________
- [ ] RN: Assigned to patient
- [ ] RN: Charge Nurse
- [ ] RN: Other: ___________________________

All participants introduced to each other and ground rules/goal of pre-approach huddle discussed

Review family conversations that have occurred up to this point:
Date/Time news of brain death or inevitability of death delivered to the family: _______________

Was organ donation raised with the family before the pre-approach huddle?
- [ ] No
- [ ] Yes, the family raised it
- [ ] Yes, the managing team raised it, if so, who: ___________________________
- [ ] Yes, a consulting team member raised it. If so, who: ___________________________

Topics of planned discussion at pre-approach huddle:
- [ ] The patient’s medical history and events in the hospital
- [ ] Status of next of kin in acceptance of death or inevitability of death?
- [ ] Everyone here who should be for next of kin?
- [ ] Any conflict experienced within the family?
- [ ] Any conflict experienced between family and treating team?
- [ ] Current emotional capacity of the next of kin i.e. level of coping?
- [ ] Next of kin’s questions about medical treatment clearly answered?
- [ ] Next of kin’s physical needs attended (food, fluid, hygiene)?
- [ ] Other available support for next of kin?
- [ ] Other, specify: ___________________________

Plan made for transition to approach family meeting:
- [ ] What needs to occur before family approach meeting (waiting for family, testing, etc.)?
- [ ] How and when will FLDRN staff be introduced to family?
- [ ] Who should be present from the managing team?
- [ ] Roles for participants in the donation conversation? (vital to assure that conversation is managed by FSC)
- [ ] Identity of the legal next of kin

Pre-approach huddle KB 2/6/2018 updated 5/14/2018

Consent for donation obtained? Yes or No
Re-design of Pre-Approach Huddle Process - The Role Guide

<table>
<thead>
<tr>
<th>Pre-Approach Huddle</th>
<th>FLRN Family Services Coordinator</th>
<th>FLRN Organ Procurement Coordinator</th>
<th>Bedside Nurse or Other Nursing representative, Charge Nurse</th>
<th>Member of Provider Team (Resident, APP, Attending)</th>
<th>Additional Team Members to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specific questions related to UA</td>
<td>Confirm status of brain death testing</td>
<td>Discuss what the family knows/understands regarding prognosis and diagnosis</td>
<td>Chaplain-to provide support to family and team</td>
<td>Respiratory Therapy-do a spiro test needed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Consulting Physicians-may have information about unique patient conditions</td>
<td>Social Work-to provide additional insight into family dynamics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chaplain-to be prepared to support the family members</td>
<td>Social Work-may have already established a supportive relationship with family members</td>
</tr>
</tbody>
</table>

Pre-Approach Huddle KV 2/26/2018 updated 5/14/2018

Role guide to be shared with staff when establishing time for pre-approach huddle
Re-design of Donor Approach Process—Standardizing the Pre-Approach Huddle

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline (n=35)</th>
<th>Target</th>
<th>Pilot Results (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Huddle Participation</td>
<td>3.89 staff members</td>
<td>Increase by 25%</td>
<td>5.5 staff members</td>
</tr>
<tr>
<td>Huddle Participation by Hospital Staff</td>
<td>2.14 staff present</td>
<td>Increase by 50%</td>
<td>4.09 staff present</td>
</tr>
<tr>
<td>Huddle Participation by FLDRN Staff</td>
<td>1.74 staff present</td>
<td>Maintain</td>
<td>1.64 staff present</td>
</tr>
</tbody>
</table>
Re-design of Donor Approach Process - Standardizing the Pre-Approach Huddle

Authorization Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Consents</th>
<th>Declines</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>(n= 138)</td>
<td></td>
</tr>
<tr>
<td>Pilot</td>
<td>(n= 11)</td>
<td></td>
</tr>
</tbody>
</table>
In 2017, 41 patients in the FLDRN service area passed away while awaiting a transplant.

In the first 3 months of 2018, 26 patients in the FLDRN service area passed away while awaiting a transplant.

In 2017, 79 families in our service areas said no to donation.

References


