Ultimate Multitasking: Multiple Donors at WU

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Learning Objectives

At the end of this session, you’ll be able to:

• Demonstrate the medical necessity for this scenario from the patient side
• Examine the ethical/cultural concerns for differing donor populations
• Assess conflicts in scheduling from an AC/CC perspective and how to qualify/manage multiple reservations for one patient
Setting the Stage for Discussion

• What does the data say about this topic?
  – Frequency of such requests
  – Number of donors impacted
  – Time to resolution

• What are the apparent drivers?
  – Donor availability at workup
  – Delayed case communication or progress

• What are current expectations and practice?

Multiple Donor at WU Review
FY2013 Q2 & Q3 Data

• 198 total instances during the 6 month period

• Most Transplant Centers had 2 or fewer instances

• 2.1 donors activated on average
Multiple Donor at WU Review
FY2013 Q2 & Q3 Data

• **Time Between Donor Requests:**
  – 16% same day request
  – 5 median days*

• **Time to Collection:**
  – 41 median days for multiple requests
  – 42 median days for all other requests during same time period

* Only considers requests made within 14 days where at least one other donor active.

Multiple Donor at WU Review
FY2013 Q2 & Q3 Data

• **Outcomes:**
  – Of the 198 patient cases:
    • 168 patients transplanted (as of June 2013)
    • 164 donors cancelled by the TC
    • In 30 of these cases at least one donor unavailable
Why would TC’s activate multiple donors at workup?

- **Defense against donor availability issues**
  - 81% donors available at workup request

- **Delayed communication and/or progress**
  - 5 median days to “multiple” donor WU request
  - 74% of cases had a Firm Collect Date reported within 7 days of request (FYTD 2013)
  - Declining TC satisfaction with ability to predict the timeline to secure a donor

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Primary Barriers

<table>
<thead>
<tr>
<th>Donor Center</th>
<th>Transplant Center</th>
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</thead>
<tbody>
<tr>
<td>Ethical medical procedures</td>
<td>Donor Availability</td>
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<tr>
<td>– Auto units (repeated)</td>
<td>Turn around time to collection</td>
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<tr>
<td>– Blood draws (repeated)</td>
<td>Patient Planning</td>
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<tr>
<td>AC capacity</td>
<td>– Risk of failing: relapse, multiple treatments</td>
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<tr>
<td>– Cost, Efficiency, Staffing</td>
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<tr>
<td>Donor Planning</td>
<td>Medical Necessity</td>
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<tr>
<td>– Travel, Work, Family</td>
<td>– Current health status</td>
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<tr>
<td>Donor Retention</td>
<td>– Treatment of other health needs</td>
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NMDP Guidelines:
Multiple Donor Activations at Workup

• Will activate up to three donors for workup for one patient

• If exception needed, TC provide written justification for this request for review by NMDP Medical Director.

• The NMDP Case Manager is responsible to notify donor centers if their requested donor is one of multiple donors requested for a patient workup.

Case Management Expectations when Multiple Donors at Workup

• DCs should be made aware how many donors for a particular patient at WU

• DCs should also be told when another donor is cleared and has a set collection date

• It is the responsibility of the Case Manager to keep DCs informed when there are any changes in a multiple donor WU case
What should centers expect?

• DCs should assume their donor is the preferred donor unless otherwise specified in the WU request.

• DCs should strive for proposed collection dates whether their donor is requested first, second or third.

• It is ultimately the TCs choice on how to proceed when multiple donors are at WU.