Experiences and strategies of an organ...



EXPERIENCES AND STRATEGIES OF AN ORGAN PROCUREMENT ORGANIZATION

VIVÊNCIAS E ESTRATÉGIAS DE UMA ORGANIZAÇÃO DE PROCURA DE ÓRGÃOS VIVENCIAS Y ESTRATEGIAS DE UNA ORGANIZACIÓN DE BÚSQUEDA DE ÓRGANOS

Joana D'arc Alves de Andrade¹, Adriana Coelho de Brito², Gerlene Grudka Lira³, Flávia Emília Cavalcante Valença Fernandes⁴, Rosana Alves de Melo⁵

Objective: to get to know the experiences and strategies used by the professionals of an Organ Procurement Organization in the effectiveness of the donation process. Method: qualitative, descriptive-exploratory study with seven health professionals, from individual semi-structured interviews analyzed by the Content Analysis technique. Results: after analyzing the interviews, three categories emerged: Early family shelter as a facilitator in decision making; Demystification of the organ donation process through education and challenges faced in the donation process. Conclusion: the experiences of the team indicated weaknesses in the donation process at the beginning of the implantation. However, with the strategies used, there were changes in the scenario of this OPO demonstrated by the significant increase in the number of donations. Descriptors: Tissue and organ procurement; Graft rejection; Brain death; Strategies; Health Personal; User Embracement.

RESUMO

Objetivo: conhecer as vivências e estratégias utilizadas pelos profissionais de uma Organização de Procura de Órgãos na efetividade do processo de doação. *Método*: estudo qualitativo, descritivo-exploratório, com sete profissionais de saúde, a partir de entrevistas individuais semiestruturadas analisadas pela técnica de Análise de Conteúdo. Resultados: após a análise das entrevistas, emergiram três categorias: Acolhimento familiar precoce como facilitador na tomada de decisão; Desmistificação do processo de doação de órgãos por meio da educação e Desafios enfrentados no processo de doação. Conclusão: as vivências da equipe apontaram fragilidades no processo de doação no início da implantação. Porém, com as estratégias utilizadas, ocorreram mudanças no cenário desta OPO demonstradas pelo aumento significativo no número de doações. Descritores: Obtenção de Tecidos e Órgãos; Transplante; Morte Encefálica; Estratégias; Profissional de Saúde; Acolhimento.

RESUMEN

Objetivo: conocer las vivencias y estrategias utilizadas por los profesionales de una Organización de Búsqueda de Órganos en la efectividad del proceso de donación. Método: estudio cualitativo, descriptivo-exploratorio, con siete profesionales de salud, a partir de entrevistas individuales semiestructuradas analizadas por la técnica de Análisis de Contenido. Resultados: después del análisis de las entrevistas, surgieron tres categorías: Acogida familiar precoz como facilitador en la toma de decisión, Desmitificación del proceso de donación de órganos por medio de la educación y Desafíos enfrentados en el proceso de donación. Conclusión: las vivencias del equipo apuntaron fragilidades en el proceso de donación al inicio de la implantación. Pero, con las estrategias utilizadas ocurrieron cambios en el escenario de esta OPO, demostradas por el aumento significativo en el número de donaciones. Descriptores: Obtención de tejidos y órganos; Rechazo de Injerto; Muerte encefálica; Estrategias; Personal de Salud; Acogimiento.

1.2Nursing Academics, University of Pernambuco / UPE. Petrolina (PE), Brazil. E-mails: joana_darcalves@hotmail.com ORCID iD: https://orcid.org/0000-0001-7889-1905; ³Nurse, Master in Health Sciences. University of Pernambuco / UPE. Petrolina (PE), Brazil. E-mail: gerlene.grudka@upe.br ORCID iD: https://orcid.org/0000-0002-5175-7738; ⁴Nurse, Master in Management and Health Economics. University of Pernambuco / UPE. Petrolina (PE), Brazil. E-mail: <u>flavia.fernandes@upe.br</u> ORCID iD: <u>https://orcid.org/0000-0003-2840-8561</u>; ⁵Nurse, Master in Nursing. University of the São Francisco Valley / UNIVASF.Petrolina (PE), Brazil. E-mail: <u>rosananurse@hotmail.com</u> ORCID iD: <u>https://orcid.org/0000-0001-</u>

INTRODUCTION

Organ and tissue transplantation is a safe and effective therapeutic indication in the treatment of patients with diseases that culminate in failure of an organ or tissue where medical and surgical therapies are no longer effective. Thus, the only option is to replace the diseased organ with a healthy one that may provide an improvement in the quality and life expectancy of those placed in the waiting queue.¹⁻²

Even with advances, there is a disproportion between the number of patients on the waiting list and the number of transplants. This discrepancy is related to the underreporting of individuals in Brain Death (BD) to State Transplant Centers, the lack of continuing education for health professionals, and family refusal to donate.³⁻⁴

Brazil has been standing out in this area due to the National Transplant System (NTS) acting in conjunction with the Transplant Centers. The contribution is also due to donor search teams and to the **National** Transplantation Policy, which has. guidelines, the gratuity of the donation, the benefit in relation to the recipient and the non-maleficence in relation to the living donor.5-6

The country that stands out in the process of donation and organ transplants is Spain, that in the year 2016 had a total of 39.7 effective donors per population million (ppm). In the same year, Brazil achieved a rate of 14.6 ppm. The South region reached the first position, totaling 30.1 ppm, and the Northeast region, with 9.9 ppm.⁷

There are two models of donor search adopted in the world: the Intra-Hospital Organ Donation and Transplant Tissue Commissions (IHODTTC), Spanish model, and the United States Organ Procurement Organization (OPO). In Brazil, the junction between the two models is used, with each state adapting to its reality.⁸

The IHODTTC organizes, in the hospital, the process of organ donation in order to promote the necessary improvements to the service. This committee should be appointed by the management of each hospital and be directly linked to the institution's medical director. It should articulate with the medical teams of the Intensive Care Units and Urgency and Emergency in the collective effort of capturing organs. 9-10

The OPO acts as a supra-hospital coordinating body with responsibility to organize and support the execution of the donation process in hospitals of its scope.

Experiences and strategies of an organ...

These teams are mostly composed of a coordinating physician, nurses and administrative staff who will support the Transplant Center in the activities of donor search, clinical maintenance, family interview and feasibility of organ and tissue removal.¹¹

In the hinterland of Pernambuco, the municipality of Petrolina has become prominent in relation to the number of organ donors. In the year 2016, Pernambuco totaled 14.9 ppm and the municipality of Petrolina obtained 16.2 ppm. The city has one of the four Organ Procurement Organizations of the State that has been acting since 2011.¹²

In 2011, OPO received a total of two donations and, over the years, there was a gradual increase in the rates of these donations, which in 2012, 2013 and 2014, respectively, were 13, 17 and 18 donations. In 2015, the number of donations rose significantly to 45 effective donors, and finally, in 2016, 55 donations were made in the municipality, thus showing the relevance of this team's existence.¹²

The team monitors the whole process of organ donation that starts with the identification of the patient with suspected brain death (BD) and notification to the Transplant Center. Subsequently, laboratory tests and hemodynamic maintenance of the potential donor (PD) are performed. With the protocol of BD closed, the family interview is carried out for consent of the donation. If the response is positive, the uptake is performed and, finally, the implant of the organ or tissue.^{4,13}

The successful work of an organ searching team, such as that of the OPO in the hinterland of Pernambuco, which has gained increasing prominence in the number of donations, makes it possible to direct other centers to use similar strategies appropriate to their realities. reduction in the waiting time of patients awaiting transplantation.

OBJECTIVE

• To know the experiences and strategies used by the professionals of an Organ Procurement Organization in the effectiveness of the donation process.

METHOD

Study: qualitative, descriptive-exploratory study, which had the project approved by the Research Ethics Committee of the University of Pernambuco under protocol No. 1,692,141, on August 23, 2016, CCAE 57887816.3.0000.5207.

The research was conducted in accordance with guidelines and standards for research with human beings, through resolution 466/12 of the National Health Council, which includes the contents of the Informed Consent Form (ICF).¹⁴

Data collection was performed at an Organ Procurement Organization (OPO) located in the sertao of Pernambuco, approximately 721 kilometers from the capital, located in a public hospital inserted in a Pernambuco Bahia Interstate Network (PBIN), which is a reference for 55 municipalities of the two States. 15-6

The OPO team covers its activities in five hospitals in the city of Petrolina, public and private, that have neurocritical patients.

The study population consisted of all the health professionals of this team, totaling seven members, with a minimum of six months of performance, who accepted to participate in the study and signed the ICT, with six nurses and one physician. Professionals working in the OPO, but not in the health area, were excluded from the survey.

The data collection period occurred between February and April 2017.

The data collection was done through an individual semi-structured interview composed of three guiding questions: Tell me how you conduct the organ donation process ?; Tell me what you think is necessary to improve organ donation rates in your experience as a member of an EPO ?; Tell me which are the greatest difficulties encountered during the organ donation process?.

The interviews were recorded by means of an audio recorder, transcribed, randomly related and denominated as E1, E2, E3 and, so, successively.

The method used for the data analysis was the Content Analysis proposed by Bardin.¹⁷ After the transcription of the utterances, the categorization of the results obtained:

Category 1 - Early family home as facilitator of decision-making;

Category 2 - Education in the demystification of various situations in the donation process;

Category 3 - Challenges faced in the donation process.

Subsequently, each category was discussed according to information in the scientific literature.

Experiences and strategies of an organ...

RESULTS AND DISCUSSION

The professionals interviewed are aged between 26 and 40 years, with training time between four and ten years, working in the OPO between two and five and a half years and all have specialization in the health area. The respondents' speeches resulted in the discussion categories.

♦ Category 1: Early family home as facilitator of decision-making

The foster family is a promoter of the bond between health professionals and the family for the continuity of the donation process. It is at that moment that the professional anticipates the facts and clarifies doubts that may arise to later carry out the interview on the organ donation, as can be seen in the following statements:

When we welcome the family from the protocol beginning of the opening. brain explaining what death and possibilities are, showing the protocol and explaining the patient's severity, the family members understand the death process better and it is easier to talk about the donation. (E2)

[...] when the family sees the transparency of this process, how it works and what tests, the family gets confidence in you and ends up making it easier to respond. (E5)

It is in this early family care that death is met and, in this context, the support of the team provides the transparency of the patient's clinical situation and prepares the family for the probable loss. Thus, the process of mourning is pointed out as a channel of understanding about the pain and suffering of the family member in the face of the death of a loved one.¹⁸

Every family member has the right to position before the donation and to have the autonomy respected with support to the family that is weakened by the process of mourning. However, one must be aware that the goal at this stage is not to convince him about organ donation, but to provide a humane reception.¹⁹

Within this context, it is pointed out that, in Brazil, Law No. 10.211 / 2001 provides that the donation of organs of the deceased person only occurs after family authorization, regardless of the life wish of the individual or any record expressed in civil document.⁶

Throughout the experience of these professionals with the process of communicating bad news, they came to realize the need to change the first contact with the family. The reception began only after the doctor reported the death, which

made the donation process difficult in many cases:

[...] we had a very high negative [...] changed the strategy a bit and we started working with the early family [...] when the doctor arrives with the diagnosis for the family, we already have created a link. (E1) (...), they (family) are already digesting and understanding that his family member is already deceased [...] already begins to work within him the process of mourning, of knowing death, of accepting [...]. (E4)

The humanization of the donation process, through the establishment of support to the families of the potential donor, is seen as a facilitating action that facilitates interaction with the objective of reducing family unease and offering resources to enable coping with the loss of a loved one. This creation of the support network makes a difference in the final donation process.²⁰

This linkage between health professionals and the family facilitates the process of humanization, which can also influence the positive response on organ donation, changing the picture of family refusal in this OPO, as listed in the E1 and E4 reports.

[...] the hospital is very crowded, so the news is very broken and not given so much attention (to the family) and then they are very grateful in the end because, from the beginning, they were aware of what is happening. And then, in the end, they donate or not, but thank you because, finally, you were sincere and told us everything. (E4)

[...] We do not talk about giving yet because we do not have the diagnosis [...]. (E6)

Growing demand within hospitals reflects fragmented care for family members who are fearful of the relative's clinical condition. In this way, family members need professional involvement during the hospitalization period in order to provide decent care.²¹

♦ Category 2: Education in the demystification of various situations in the donation process

From the experiences of those researched within this process of organ donation, the importance of education as a way of promoting the reduction of erroneous myths and beliefs and resulting in a consequent improvement in donation rates is perceived. It is in this moment that the professionals take advantage of the occasion of the interview to clarify the doubts of the population and to undo the concepts that can induce the negative answer.

- [...] we have heard some families say that they would not donate because it will be for a rich person ... we can argue by guiding and speaking what is truth (E5)
- [...] In relation to families, the main difficulties are related to the lack of

Experiences and strategies of an organ...

information on the subject, the religious question. We seek argument in the bible to deal with such cases. (E1)

It should be pointed out that Law 9434/97, which deals with the removal of organs, tissues and parts of the human body for transplantation purposes, states that donation follows criteria of justice and is altruistic, and it is a crime to remove tissues, organ or part of the body with imprisonment from two to six years and a fine if there is no family authorization. ⁵

The lack of familiarity with the subject is one of the main reasons for refusing donations. ¹⁹ The personal interpretation of passages written in the Bible is another factor that can generate an unfavorable posture, as well as when the religious leader opposes this process , the faithful tend to be also. ²²

Also in the speech of the researched, it is observed a suggestion of how the indices of donation can be amplified through the educative process.

I think what needs to improve to increase the rates of donation is education, information from the general population, so that some prejudices and myths are broken, [...] as well as for the health teams. (E7)

It is observed that it is not only the population that needs information, but the health professionals themselves need to be involved with this theme so that the donation landscape may be different. In this context, the study by Nogueira and colleagues reaffirms that education transforms people and their attitudes allowing critical and reflexive thinking, decision-making capacity and the exercise of their autonomy regarding organ donation.²

Among the problems that interfere in the development of the donation process is the deficiency of knowledge of the BD criteria by health professionals. This reality, in addition to hindering, is one of the reasons for the refusal of donation by relatives.²¹

When questioning about how the team seeks to minimize the difficulties related to the donation process, the following statements are observed.

So for us to pass this information at the time of death is difficult, this has to be worked out, so we do campaigns, do radio interviews, give small lectures, and every opening we take to plant the seed of curiosity. (E1)

[...] We carry out educational activities explaining what is Brain Death, how the diagnosis of death is made. Differentiating Brain Death and coma, because people have a lot of difficulty. (E3)

It is observed that there is still confusion of the population regarding the difference between Encephalic Death and coma. Thus, educational activities allow the exchange of experiences between people and access to previously unknown information, as well as demystifying popular beliefs about the process of organ donation² and, for this reason, it is reiterated the importance of discussing this issue in social and communication media.

The E1 report demonstrates the need to talk about death at everyday times, and it is also a form of education, since it is not culturally speaking about it in Western society.

[...] So we realize that this is lack of information, because if there was a habit of talking about death still in life ... (pause). No one talks about death at dinner time (pause). When you talk more about death this will no longer be taboo. (E1)

Dealing with death places man in a position of uncertainty, makes him feel distressed, and opens the door to understanding his own existence in the world. Associated with these dilemmas, the individual comes to understand his finitude, which impels him to experience death and the pain of loss as a natural factor of the human being. ¹⁸

♦ Category 3: Challenges faced in the organ donation process

The interviewees, when asked about the challenges encountered in this experience of working with organ donation, reported that there are obstacles in relation to the posture of health professionals and the lack of knowledge about them, as well as material and logistical difficulties that made it difficult to carry out this process:

Many teams (of the hospital) do not know what this patient is and consequently do not know how to conduct it [...]. Heavy weight is the way the family was treated during hospitalization by hospital professionals. (E1)

[...] we are a notifying center and pick up distant 800 km from the transplant center [...]. We face a lot of logistical difficulties, such as collection of exams, transportation of staff when it is positive (donation), delay and delays occur. (E7)

Records of the OPO service show that, in 2012, the team had difficulties to perform the complementary examination, being essential to move the patient in critical condition to another service, requiring the availability of the mobile emergency service and at risk of suffering the same cardiorespiratory arrest.

Information provided by the Brazilian Association of Organ Transplants (BAOT) shows that, in Brazil, among the main causes of non-

Experiences and strategies of an organ...

effectiveness of organ donation are family denial, largely associated with the conduct of the care team professional and the search for donations; inadequate structure of services, associated with the lack of necessary materials and logistical difficulties.³

On the other hand, it is possible to perceive changes in relation to these difficulties considering the improvement of the attitude of the care professional and the implementation of protocols, with the provision of materials necessary for the development of the work, as can be evidenced by the following statements:

Over the years, one can see the changes, even some professionals, who already can see the importance of donation and care with the patient in BD. (E2)

[...] We got the heater slowly, so it's one less thing to worry about. (E4)

We had an electric set to do, but we did not have the specialist to do it.

[...] He had the angiography that was in the nearby city [...] and this patient sometimes stopped on the way. So we got the Doppler device and the doctor who did this Doppler. (E6)

It is reiterated that, in view of the logistical difficulties highlighted by the interviewees, the OPO data show that the team was successful in the effectiveness of the donation process, based on these small and necessary improvements, showing the competence for the potential donors to be viable, the which can be seen in the records that show the State of Pernambuco highlighted within this context.²³

Another point raised by the participants was related to the difficulty of the neurologist's availability to open or close the protocol, a difficulty that still persists, even though several improvements were seen in the service:

A difficulty that I believe is chronic [...] in the process requires a neurologist in the evaluation. This is difficult because we do not have a great amount of neurologist and when he has he is on duty. (E2)

The Federal Council of Medicine (FCM), through Resolution No. 1,480 / 97, reiterates that the diagnosis of BD must be proven by means of two clinical exams and one supplement requiring a specialist in neurology in one of the clinical evaluations.24 Thus, it is recognized that the difficulties in the availability of this professional, at the moment of decision making, may disadvantage the positive flow of this process.

According to the experiences reported, it was observed the need to implement strategies in relation to hemodynamic

maintenance that would allow time for family preparation and preservation of organs for transplantation.

[...] we learned to maintain the PD prolonged, because the desperation of the patient [...] in the past stopped ... the moment he becomes a DP we continue the maintenance, always, to keep the organs good ... making use of medications [...] that way we managed to stay with the PD two days [...] time for the familiar to think and digest what is happening. (E4)

[...] we always do training on hemodynamic maintenance. (E1)

The knowledge about the physiological changes of the individual in BD enables the health team to prevent complications in their clinical picture. Thus, an early hemodynamic maintenance guarantees the success of the transplant, since this contributes to the viability of the PD organs.²⁵

It is important to note that, just as there is a need for the capacity of the OPO team to carry out maintenance of the PD, the hospital's assistance team must also be sensitized to recognize the importance of this process and to maintain the correct behaviors to be followed, individual, as well as any other serious patient, requires rigorous hemodynamic maintenance, which allows the organ transplantation to be viable.

[...] there is a lot of ignorance [...] of the health team in general, who do not know how the process works, who still have preformed ideas of what BD is, what is donation and how it happens. And the (assistance) team plays words: "no, this (patient) is dead, we are not going to do anything," and then we lose. (E7)

It is observed that the care team, sometimes, neglects the care with the patient in BD because it is a dead patient. However, it is important to emphasize that this lifeless body represents a person who deserves care like all the others, considering also that this care enables the maintenance of the organs for a possible donation.

In addition, death was conceptualized by the absence of heartbeat or spontaneous breathing movements, but this definition has undergone modifications. Some countries defined BD as a total and irreversible stopping of the whole brain function and PD, the individual with a diagnosis of BD, in which the contraindications that pose risks to organ receivers, ²⁶⁻⁷, were discarded and these definitions need to be clear to all professionals who provide direct assistance to the individual.

Experiences and strategies of an organ...

CONCLUSION

The experiences of the team showed weaknesses in the donation process at the beginning of the implementation of the OPO. However, the strategies implemented over the years, such as the acquisition of material resources and professional qualification, have provided changes in this scenario demonstrated by the significant increase in the number of donations.

Among the strategies used by the team, early family care has the objective of creating a bond between the family and the health professional, thus promoting the clarification of doubts about the donation process, which also allows the provision of humanized care.

Another essential factor is the continuing education of the general population and health professionals about the issue of organ donation / transplantation, which proves to be an essential tool for opinion formation.

The results of this research have the potential to provide information that will provide subsidies for the direction of the public policies necessary for the implantation of other OPOs in other regions, as well as to promote the incentive for further studies on this subject.

Among the limitations found for this study, there were difficulties in the availability of time between interviewees and researchers and it was impossible to collect quantitative data due to the small number of medical records in the Medical and Statistical Archive Service (MSAS) of the hospital that hosted the research.

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Flávia Emília Cavalcante Valença Fernandes Universidade de Pernambuco - UPE Campus

Petrolina

Departamento de Enfermagem BR 203, Km 02, s/n

Campus Universitário Vila Eduardo CEP: 56328-903 — Petrolina (PE), Brasil