

CPTC EXAM REVIEW AND HANDBOOK
— FOR THE —
ORGAN PROCUREMENT COORDINATOR

**Comprehensive study guide for the Certified Procurement
Transplant Coordinator Exam**

BROOKE HUBBARD BSN, CCRN, TNCC, CPTC



authorHOUSE®

AuthorHouse™
1663 Liberty Drive
Bloomington, IN 47403
www.authorhouse.com
Phone: 1-800-839-8640

© 2013 by Brooke Hubbard BSN, CCRN, TNCC, CPTC. All rights reserved.

No part of this book may be reproduced, stored in a retrieval system, or transmitted by any means without the written permission of the author.

Published by AuthorHouse 02/21/2013

ISBN: 978-1-4817-1774-8 (sc)

ISBN: 978-1-4817-1773-1 (e)

Library of Congress Control Number: 2013903191

Any people depicted in stock imagery provided by Thinkstock are models, and such images are being used for illustrative purposes only.

Certain stock imagery © Thinkstock.

This book is printed on acid-free paper.

Because of the dynamic nature of the Internet, any web addresses or links contained in this book may have changed since publication and may no longer be valid. The views expressed in this work are solely those of the author and do not necessarily reflect the views of the publisher; and the publisher hereby disclaims any responsibility for them.

Contents

Introduction	vii
About the CPTC Exam	1
Definitions	3
Background of Organ Transplantation and Legal Issues	5
Hospital Development: Obtaining Referrals	7
Hospital Development: Responding to and Classifying Referrals	15
Hospital Development: Analyzing Referral Activity	20
Hospital Development: Community Education	26
Consent: Before the Discussion	27
Consent: Requesting Consent	34
Consent: The Donation Process	42
Death Before Donation: Brain Death and DCD	48
Donor Management: Hemodilution, ABO, and Serologies	56
Donor Management: Physiology of Brain Death, Hemodynamics, Hormone Replacement Therapy	63
Donor Management: Head-to-Toe Assessment, Spinal Reflexes, Required Lab Values	70
Donor Management: Thoracic Organs	74
Donor Management: Assessing for Infection and Antibiotic Administration	87
Donor Management: Diabetes Insipidus, Coagulopathies, and Electrolytes	89
Donor Management: Tissue Typing	92
Donor Management: Billing Issues	94
Organ Sharing: UNOS Policies and Organ Allocation	95
Organ Sharing: Transportation of Transplant Teams and Donor	161
Organ Recovery: Transplant Teams and the OR Staff	163
Organ Recovery: Preservation	167
Organ Recovery: Packaging and Labeling	170
Organ Recovery: Care of the Donor Post-Mortem	178
Care of the Organ Procurement Coordinator: Burnout	179

Practice Questions.....	182
Answers.....	209
References.....	213
About the Author	233

Introduction

Providing families with the legacy of organ donation in their worst moments is often the most precious reward for this emotionally and intellectually draining position. The coordinator is compassionate, caring, and willing to comfort a family consumed with grief. The coordinator believes that donation provides healing and hope for grieving families and that their ultimate goal is to share life where one has been so sadly lost.

Organ procurement coordinators are responsible for bridging organs from donor to recipient. To accomplish this, one needs a broad set of skills—including hospital development, public education, requesting consent, death declaration issues, donor management, organ sharing, recovery, and packaging and labeling requirements. The Coordinator should be excellent at multitasking, organizing, and communicating, and he or she shouldn't mind a day full of surprises. The best organ procurement coordinators juggle these tasks with a polite smile.

The purpose of this guide is to provide the organ procurement coordinator with the information needed to pass the Certified Procurement Transplant Coordinator (CPTC) exam as well as a handbook for the Coordinator to enhance his or her knowledge in the transplant field. The guide explores the required skill sets using UNOS policies, current research, and experiential knowledge.

“The organ procurement coordinator deserves particular mention. These individuals receive specialized training in promoting organ donation through public and professional education; approaching families of potential donors about organ donation; managing the donor prior to organ recovery; and assisting with the surgical removal of donated organs. These coordinators are employed by federally designated organ procurement organizations which in all areas of the country provide the link between transplant centers and hospitals which have identified potential organ donors. Along with transplant surgeons and physicians, these health care professionals form the front line of transplantation.”¹

About the CPTC Exam

Information for signing up for the exam can be found in the Candidate Handbook from the American Board of Transplant Certification (ABTC) at <http://abtc.net/documents/ABTChandbookDec2010.pdf>.

The ABTC maintains the education and competency standards of the organ procurement coordinator. They write the test, issue it, and maintain the certification. Applied Measurement Professionals (AMP) is the agency who manages the test taking.

To sign up for the exam, register with ABTC by filling out the Examination Application at www.abtc.net and mailing it in with payment. Special accommodations can be requested. It is then ninety days to schedule the exam with AMP at www.goAMP.com. After ninety days, the payment will be forfeited.

Two forms of ID are required (check the website for details) and there are no calculators, food, or drinks allowed in the room. You have three hours to complete 175 questions, however only 150 are scored, and results are available immediately after the exam.

ABTC will send the credential within thirty to forty-five days of passing, and it's valid for three years. Sixty CEUs are required every three years, twenty of which need to be specific to the field of transplantation. If you do not pass, a reapplication form will be printed on the bottom of your score report and retesting is allowed after ninety days for the full price of the exam.

The coordinator is expected to know how to function as a competent procurement coordinator as well as handle other roles which may be the responsibility of other departments within the OPO. These include family services advocate and consentor, hospital development liaison, community educator, and preservationist.

About the CPTC Exam

- The coordinator role consists of:
 - Promoting hospital staff education to referral triggers and the donation process
 - Advocating community awareness of organ donation
 - Responding to and evaluating potential donors
 - Ensuring death has been declared legally prior to organ recovery
 - Requesting consent from grieving families
 - Upholding OPO, hospital, and UNOS policies
 - Donor management and organ optimization
 - Implementing organ sharing/allocation

Definitions

AOC (Administrator on Call): an OPO employee who acts to supervise and direct the coordinator

AOPO (Association of Organ Procurement Organizations): provides education, research, information sharing, and technical assistance for the 58 federally designated OPOs in the United States²

CMS (Center for Medicare and Medicaid Services): offers financial coverage to individuals with end stage renal disease and reimburses for organ transplant,³ as well as holds hospitals accountable for referring potential donors

DCD (Donation after Circulatory Death): type of donation available to individuals who are not brain dead but meet criteria for organ donation, including poor neurological function, appropriate age, and acceptable past medical history.

HRSA (Health Resources and Services Administration): part of the US Department of Health and Human Services; improves access the healthcare for uninsured, isolated, or medically vulnerable Americans⁴

NOTA (National Organ Transplant Act): outlaws the sale of human organs and established the Organ Procurement and Transplantation Network (OPTN), the Task Force on Organ Transplantation, and the Scientific Registry of Transplant Recipients (SRTR), which is responsible for ensuring the transplant process is as fair as possible⁵

OPO (Organ Procurement Organization): non-profit organization that facilitates organ donation for each state in the United States

OPTN (Organ Procurement and Transplantation Network): operates under contract for the HRSA and for UNOS; it is the computer system used to match donors to recipients,⁶ and it “collects information from OPOs, transplant centers, and histocompatibility laboratories on the characteristics of potential organ recipients and available organ

Definitions

donors to facilitate matching for transplantation”⁷ Sometimes “OPTN” is used interchangeably with “UNOS”.

UAGA (Uniform Anatomical Gift Act): passed in 1968 to increase the amount of organs available for transplant by making it easier to choose to donate; was revised in 1972 to mandate that donor cards be legally binding and serve as consent for donation; was revised most recently in 2006 to provide uniformity of state laws regarding donation.⁸

UNetSM computer system operated by UNOS that allows transplant centers to register potential organ recipients (candidates) on the waiting list, and allows OPOs register donors; the system matches donor to candidate⁹

UNOS (United Network for Organ Sharing): works under contract with the federal government to manage the organ transplant system for the United States¹⁰ Sometimes “OPTN” is used interchangeably with “UNOS.”

USRDS (United States Renal Data System): collects, analyzes, and distributes data about end-stage renal disease, which helps one understand the demand for kidney transplantation¹¹

Background of Organ Transplantation and Legal Issues

There are fifty-eight organ procurement organizations (OPOs) in the United States, as of 2012,¹² which are responsible for upholding United Network for Organ Sharing (UNOS) policies to facilitate organ transplant. Hospital development and education, community education, guiding hospitals in declaring brain death, donor management, allocation of organs and maintaining intraoperative standards (including organ preservation and packaging organs) are included in OPO responsibilities. Much of what OPOs do is centered on maintaining good relationships with hospital staff and transplant centers to facilitate transplant. As the face of the OPO, this responsibility falls on the organ coordinator.

The Uniform Anatomical Gift Act (UAGA) of 1968 (and 1987 amendments) passed to promote uniformity in donor designation procedures. This is the act that started the donor registry and provides the OPO with the legal right to uphold a registered donor's wishes and advocate for their intent to be a donor, even if the family doesn't support it. It states, "a competent adult may make an anatomical gift by completing and signing a document of gift. These gifts are irrevocable upon the donor's death and no additional consent is legally necessary."¹³ The 1987 amendments were intended to strengthen legislative language and increase the potential for donor intent to be considered an advance directive.

In 1972, Congress passed the End Stage Renal Disease Act, which provided payment for dialysis; this law laid the groundwork for kidney transplantation¹⁴ because it was less expensive over time for a kidney transplant than to keep a patient on long-term dialysis. Other organs were included in reimbursement because of costs associated with maintaining a patient in organ failure. After consent is obtained, the OPO incurs any costs associated with donation and is reimbursed by the transplant center, who is reimbursed by Medicare.

Cyclosporine was soon accepted as an effective immunosuppressant that helped increase organ recipient survival rates. The amount of successful

transplants increased and the field of transplantation grew quickly. In 1980, the Uniform Determination of Death Act (UDDA) was passed providing a medically sound base for determining death. It states that, “An individual is dead if he has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the brain, including the brain stem, as determined in accordance with accepted medical standards.”¹⁵

The National Organ Transplant Act of 1984 (NOTA) created the national Organ Procurement and Transplant Network (OPTN), established federal grants for OPOs, and created a national Scientific Registry of Transplant Recipients (SRTR). These agencies are contracted with the United Network for Organ Sharing (UNOS). The OPTN maintains organ candidate waitlists, and the SRTR tracks and monitors transplantation data.¹⁶ In 1986, the Omnibus Budget Reconciliation Act passed, which requires that all hospitals participating in Medicare or Medicaid have protocols for encouraging organ and tissue donation by identifying potential donors and referring them to an OPO, as well as ensuring that families of potential donors are made aware of the option of organ and tissue donation—and their option to decline.¹⁷ This law is what requires hospitals to call when a patient meets clinical triggers. In June 2010, the National Association of Attorneys General (NAAG) passed a Resolution stating that when state law recognizes an individual’s right to register to donate, meaning the UAGA is accepted, that nobody can revoke that consent without the donor’s permission and that all participants in the donation process, including hospitals, OPOs and family members, must comply with this law to, “honor and implement the decision of the donor.”¹⁸