

Organ transplant organization opens in-house center in O'Hara

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By Michael A. Fuoco



Susan Stuart, the chief executive officer of CORE, stands Wednesday in the atrium connecting the original building with the new addition.

The tragedy was unfathomable. The waiting was interminable.

It was hard enough for Pam Gleason to emotionally process that her 13-year-old son was brain dead after being hit by a car while riding a bicycle in Edgewater Park, N.J. in May 1997.

But delays in recovering his organs for donation, including being bumped several times from operating rooms because of emergencies, exacerbated the trauma.

"It's very draining because you're already in such a state of shock and trauma because you've lost your child, a loved one, so the reality is very difficult," she said.

"It's hard emotionally to accept [they're dead]. The longer you wait [for organ recovery] the more you hope they're wrong and something is going to change."

But, of course, it didn't. And in the end, it took about 30 hours from the time she gave consent for organ donation for the process to begin.

In some cases, the wait can stretch 36 hours or more, organ recovery officials say.

That's why Ms. Gleason is such an advocate for the growing trend of organ procurement organizations maintaining their own in-house operating rooms dedicated to organ and tissue recovery for transplants, which speeds up the process for recovery and transplants.

Joining that trend is the Center for Organ Recovery & Education, which oversees organ procurement from 155 hospitals in Western Pennsylvania, most of West Virginia and part of New York.

The nonprofit organization, based in RIDC Park in O'Hara, will hold a ribbon cutting ceremony and open house today at its \$10 million addition that includes two operating rooms and two intensive care units.

Tissue such as bone and skin has been recovered at the new center since October.

Organs are expected to be recovered from two or three donors per month in the center's first year of operation, said Susan A. Stuart, president and chief operating officer of CORE, one of 58 federally designated organ procurement organizations in the United States.

A handful of these in-house organ and tissue recovery facilities already are operating, including in Philadelphia, St. Louis, New England, Michigan and Indiana.

"This will much better coordinate the recovery plan," she said of the Brian A. Broznick Pavilion, named in honor of her late husband, CORE's previous president and CEO.

"First and foremost, it will better improve the process for the donor families, who are the core of every decision we make in strategic planning and decisions we make on a daily basis."

CORE will be able to more accurately predict when the recovery process will be completed, unlike hospitals which cannot be certain because they must use their operating rooms first for living patients.

The new process would spare donor families from waiting for the process to begin and would allow them to make funeral arrangements more quickly.

Also, Ms. Stuart said that with a dedicated facility, CORE will be able to better use its staff and will secure cost savings for not having to pay hospitals for recovery costs, such as for the use of operating rooms.

Under the procedure, organ donors will be transported on life-support in ambulances to the CORE facility where their organs will be recovered and then taken to transplant centers.

The center will also coordinate with funeral homes and offers a bereavement area for families who choose to come to the facility to await the recovery process.

Ms. Stuart, however, said that the experience in other cities is that families don't normally come to the facility.

Removing organs so close to transplant centers such as Allegheny General Hospital, UPMC Presbyterian, Children's Hospital of Pittsburgh of UPMC and VA Pittsburgh Healthcare System - rather than, for example, in an Erie hospital -- would greatly enhance organ viability, they said.

The heart, liver and lungs have about 4 hours of viability whereas kidneys have about 48 hours.

Initially, organs designated for recipients in transplant centers such as UPMC Presby will continue to be recovered there, Ms. Stuart said.

"Having recovery in an organ bank where recovery is the only priority does increase efficiency," said William Harmon, director of the kidney transplant program at Children's Hospital of Boston and a former member for the United Network for Organ Sharing.

"Hospitals want to do [organ recovery], but if they're faced with using the OR for someone with acute appendicitis or, as I experienced, for a victim of the Boston Marathon bombing, that's going to get priority over organ recovery.

"Because of that, it's not unusual that organ recovery occurs in the middle of the night," Dr. Harmon said.

"And that tends to frequently delay the transplant procedure itself."

And that could result in the death of a person awaiting a new organ, advocates note.

Richard Hasz, vice president clinical services for Gift of Life Donor Program, which services Philadelphia, northern New Jersey and Delaware, said his organ procurement organization has recovered thousands of organ and tissue donations at its facility which opened in 2005. The facility has three operating rooms and one ICU.

"It's absolutely quicker for the donor family that many times has to wait because of hospital scheduling or staffing and the availability of operating rooms. We control that scenario now so it's more efficient and we can get the body back for burial services much quicker."

As a volunteer spokeswoman for the Gift of Life Donor Program and co-founder of a donor family support group, Ms. Gleason tells audiences she wishes the organization would have had in-house recovery when her son died.

"I think it is a really great idea," she said. "I think it's a very positive direction for the recovery of gifts and for donor families."

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