



ORGAN DONATION: THE PHYSICIAN'S ROLE

A Lifesaving Partnership

Susan Shapiro

Donation Coordinator

Our Time Together Today

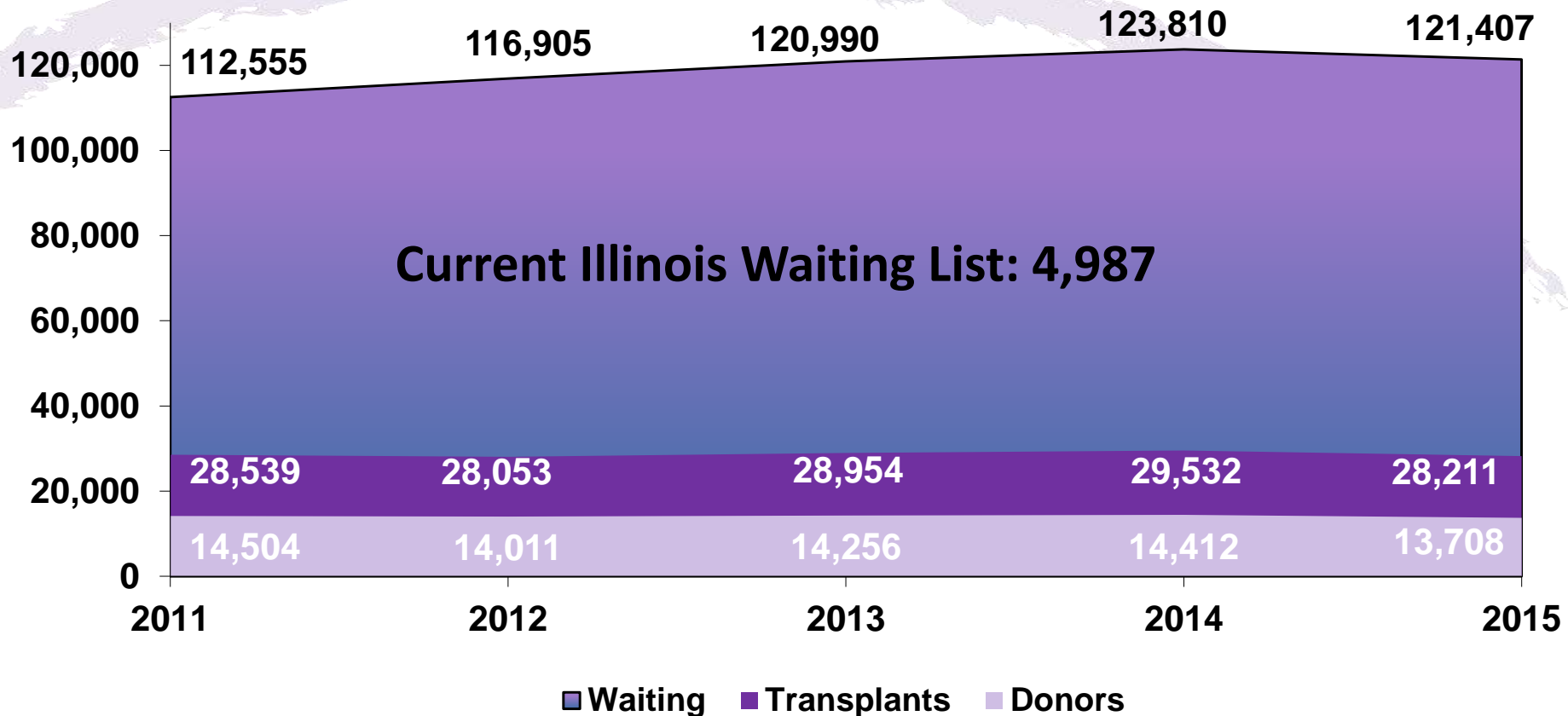
- Gift of Hope: Who we are and what we do
- The critical need for organ and tissue donation
- Regulatory support for organ and tissue donation
- Organ donation process
- The role of the ED physician in the process

About Gift of Hope

- Federally designated not-for-profit organ procurement organization
- Serves 12 million people in Illinois and northwest Indiana
- Coordinates organ and tissue donation with 180 hospitals in Illinois and northwest Indiana
- Works with nine transplant centers
- Provides professional and public education
- Provides ongoing support for donor families



Thousands Are Waiting



Source: United Network for Organ Sharing

Note: 2015 national Waiting List, Transplants and Donors data is through YE 2015. Illinois Waiting List data is through 2/15/16. All data is subject to change based on future data submission or correction.

Regulatory Support for Donation

Centers for Medicare & Medicaid Services (CMS)

- Requires hospitals receiving Medicare funds to call designated OPO on every death and imminent death.
- Makes OPOs responsible for screening patients to determine medical suitability for donation.
- Limits requestors to OPO representatives or trained designees.

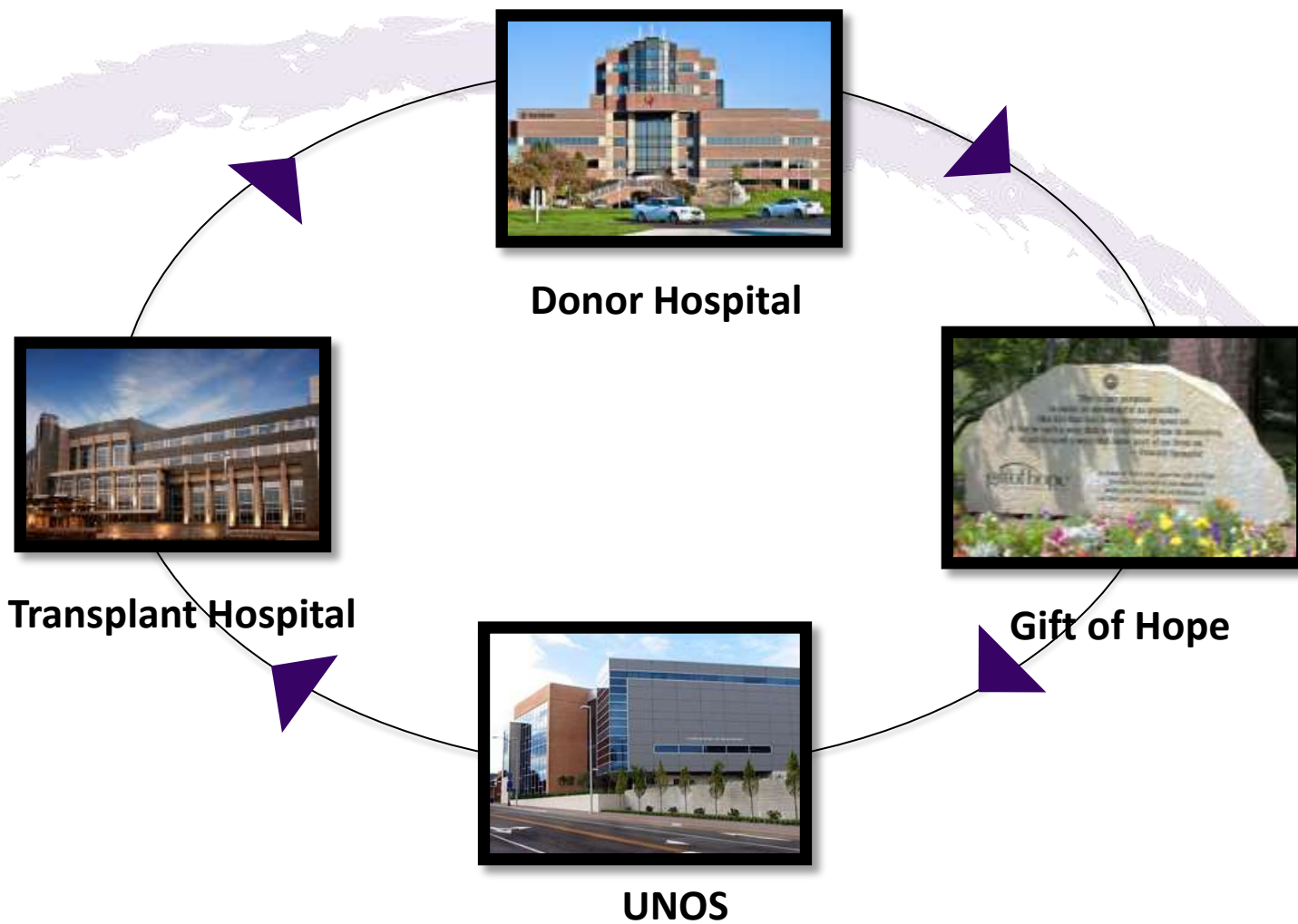
Health Insurance Portability and Accountability Act

- Gift of Hope is a covered entity under HIPAA standards, which permits us to gain access to confidential patient information.

Donor Registries

- Individuals can register their legally binding decisions in the Illinois Organ/Tissue Donor Registry or the Indiana Donor Registry.

The Donation and Transplantation System



Injuries That Can Lead to Organ Donation

- **Traumatic Injuries**
 - Head trauma from fall
 - Motor vehicle accident
 - Gunshot wound
- **Non-traumatic Injuries**
 - Prolonged anoxia following CPA
 - Intracranial bleed
 - Aneurysm
 - Vent-dependent illness (ALS, MS, CF, etc.)

Two Organ Donation Scenarios:

DBD

Donation After Brain Death

- Neurological exam consistent with brain death
- Brain death declared by hospital physician
- Organs tested, placed for transplant
- Patient transferred to hospital OR and remains on ventilator with intact heart rate and blood pressure until organs are recovered

Two Organ Donation Scenarios:

DCD

Donation After Circulatory Death

- Neurological exam *not* consistent with brain death; withdrawal of life-sustaining therapies planned
- Organs tested, placed for transplant
- Life-sustaining therapies withdrawn and comfort care ordered by hospital physician
- Organs recovered in hospital OR after circulatory death declared by hospital physician

ED Organ Donor Case Study: 09/14/2015

45/M arrived pulseless to ED w/ gunshot wound to head.
CPR initiated, intubated, pulse returned.

Gift of Hope contacted by ED staff.

Brain CT scan confirms nonsurvivable injury. Meeting with NOK to explain probable diagnosis.

GOH arrives, family authorizes organ donation. Patient transferred to ICU, declared brain dead and organ donation process proceeds.

Identification and Referral: Maintaining the Donation Option

Per CMS and Contractual Obligation: Hospitals and providers must provide adequate medical support to give families the option of organ donation

- Maintain hemodynamic stability
- Keep family informed of patient's prognosis, care plan
- Refer the patient to Gift of Hope
- Continue bedside care of the potential organ donor patient until Gift of Hope determines non-donor status or collaborates on next steps

Identification and Referral: Clinical Triggers – Making the Referral

Call 800/545-GIFT (4438)

- Within one hour of identifying ventilator-dependent patient with non-survivable illness, neurologic injury.
- Immediately if patient loses any neurological brain stem reflexes.
- Immediately if the removal of life-sustaining care—including pressor support—is being considered and death is likely to occur.

Identification and Referral: What if there is Donation Potential?

Gift of Hope confirms registry status

- Is the patient in the Illinois Organ/Tissue Donor Registry?

Onsite

- DS/ORC responds to your unit
- Patient Care Conference (PCC)

Family Approach for Authorization or Follow up Onsite

- May need to occur by phone in time sensitive cases

Why the OPO initiates the Donation Conversation

- The OPO determines medical suitability
- Families may have questions
- Donor designation may exist
- Potential for a “re-approach”

How to avoid a Preapproach: Bridging Language

- **If family wants to withdraw care in ED:**
 - Support their decision
 - Allow family time with loved one
 - Normalize: give details for next steps
- **If family is asking about next steps:**
 - Allow family time with their loved one
 - Normalize: other members of the support team will be here to help you with decisions/next steps

Call GOH *immediately*

ED Organ Donor Case Study: 09/14/2015

1743: 45/M arrived pulseless to ED w/ gunshot wound to head. CPR initiated, intubated, pulse returned.

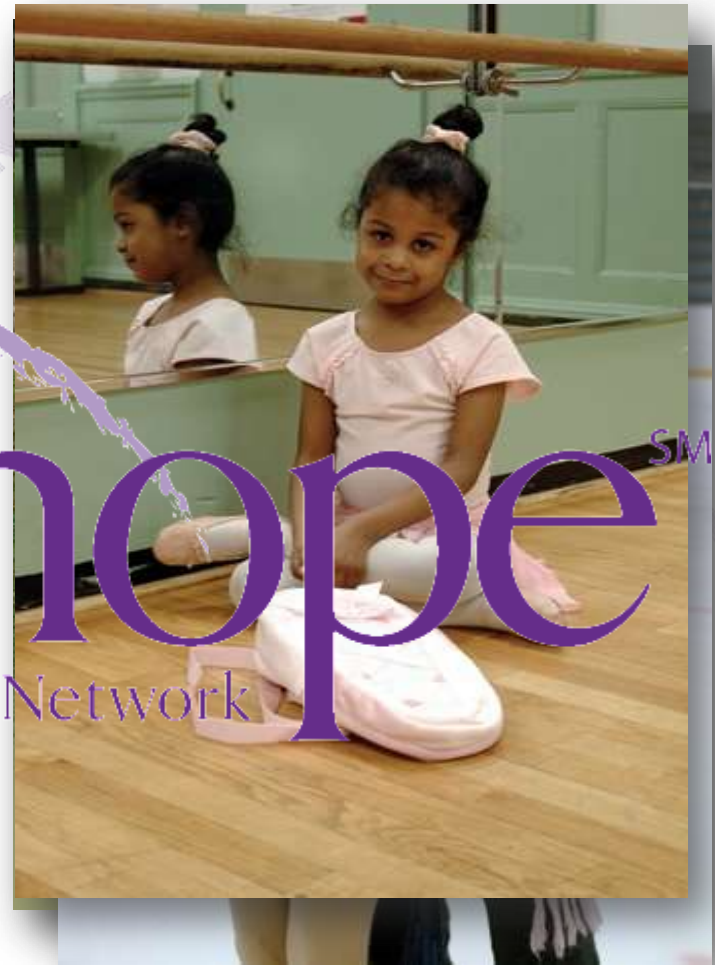
1752: Trauma MD arrives, directs RN to call GOH immediately. Patient stabilized, sent for CT scan. Neurosurg consult confirms patient likely brain dead.

Police, multiple family present. MD and neurosurgeon meet privately with NOK to explain non-survivable injury. Family asking what happens next.

MD advises family to spend some more time with patient; other members of the support team will be there shortly to assist with decisions/next steps.

1850: GOH designated requestor arrives, introduced to family. Donation is Authorized. Patient transferred to ICU where he is declared brain dead.

Heart, lungs, liver, kidneys recovered to save FOUR lives



hope
Donor Network