Healthcare Provider's Guide

ORGAN AND TISSUE DONATION

The Need

- More than **100,000** people are waiting for a life-saving organ transplant.
- Approximately **20** people die each day awaiting a transplant.
- Only **3 in 1,000** people die in a manner that allows them to become an organ donor.
- Every **10** minutes, another person is added to the national transplant waiting list.
- Nearly **60%** of people on the national transplant list are minorities.

Additional resources and information are available at **organdonor.gov**, **unos.org** and **donatelife.net**.

Referring Potential Donors

FOR ORGAN DONATION:

Call: 866-LIFENET (866-543-3638 x 1)

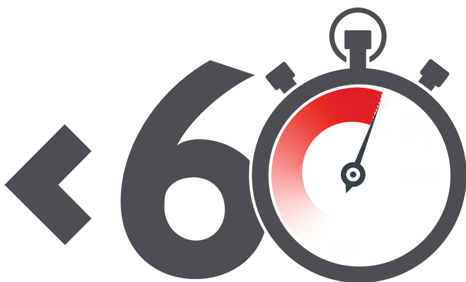
For ventilated patients

1. GCS ≤ 4, including sedated patients
2. Discussion of terminal withdrawal of support, mechanical or pharmacological
3. Anticipated brain death testing
4. Mention of donation to or by the family

FOR TISSUE DONATION:

Call: 866-LIFENET (866-543-3638 x 2)
within 60 minutes of TOD.

Every death is a potential tissue donor.



Evaluating Medical Suitability

- The OPO (Organ Procurement Organization) will determine medical suitability on a case-by-case basis. A patient's suitability can change over time based on clinical factors.
- HIV+ patients, in addition to HBV+ and HCV+ patients, can be suitable organ donors.

Guidance on Facilitating Donation

Catastrophic Brain Injury Guidelines (CBIGs): Monitor and treat blood pressure (MAP ›65), electrolytes, acidosis, oxygenation, and diabetes insipidus. The overall goal is appropriate end-organ resuscitation and perfusion.

The Uniform Anatomical Gift Act (UAGA): UAGA mandates that uniform donor registration be recognized as a legally binding document in all 50 states; strengthens the lifetime decision of a person making an anatomical gift.

CMS §482.45: requires all hospitals receiving Medicare/Medicaid funding to notify OPO of all deaths AND imminent deaths (including ME cases) and requires a Memorandum of Agreement (MOA) between the hospital and its designated OPO.

The Joint Commission, DNV support CMS requirements for organ, eye and tissue donation; referral of potential organ, eye and tissue donors; and MOA in accreditation requirements.

HIPAA: 45 C.F.R. § 164.512 (h) allows hospitals to disclose protected health information to facilitate donation and transplantation of organs, tissue, and eyes.

Virginia (Code § 32.1-291.21) & West Virginia (Code §16-19-14(c)) requires that measures necessary to ensure medical suitability for transplant must not be withheld or withdrawn unless the hospital or procurement organization knows that the prospective donor expressed a contrary intent.

Virginia (Code § 54.1-2972) West Virginia (Code §16-10-1) requires death be determined in accordance with acceptable medical standards. In Virginia specifically, brain death requires an assessment and documentation by a physician, board-eligible or board-certified in neurology, neurosurgery or critical care medicine.

Donor Designation*

REGISTERED DONORS

Over half of Americans are registered organ, eye and tissue donors.

- The UAGA is the primary legal authority for organ and tissue donation.
- Donor designation is based on gift law principal, not informed consent.
- A registered donor has given clear permission for donation to proceed at the time of their death no matter how death has been pronounced. Not honoring their documented gift will change the legacy the donor thought they would leave.
- The ethical principal of autonomy supports the registered donor. Adults can make their own legally binding donation decision prior to death.
- Consistent with ethical principles behind other advanced directives, only the donor can change their decision.

NON-REGISTERED PATIENTS

More than 95% of Americans support organ, eye and tissue donation, but only 58% are registered as donors.

- The UAGA outlines who can authorize donation for those who have not registered.
- The UAGA addresses diligent search situations.

*More information and statistics can be viewed at **donatelife.net**

Provider’s Role in Donation

- Engage OPO early in the process and request early family support, if appropriate.
- Share with family your assessment of the severity of patient’s condition, including the possibility of death.
- Collaborate with OPO on end-of-life care plans to support the patient’s decision to be a donor, e.g. DNR status, comfort care.
- Provide timely and regular updates on patient’s status and plan of care.
- Conduct brain death testing when patient’s clinical status is normalized and meets brain death criteria.
- Provide family with a clear explanation of brain death and the tests that support this diagnosis.
- Remember that, as a best practice, OPO staff should be the first to bring up donation.
- Huddle with OPO to determine best time to speak with family about end-of-life plans.
- Introduce OPO staff as an end-of-life consultant who will help them through next steps.
- Collaborate and support OPO with donor management to maximize donated gift and transplant recipient outcomes.

Donation after Cardiac Death (DCD)

- Patients who are being considered for terminal withdrawal of support will be evaluated by the OPO for donation after cardiac death.
- The donation discussion should not occur until the next-of-kin has decided to withdraw artificial life support.
- Following consent/authorization, the attending provider will be responsible for directing care until the planned withdrawal.
- Comfort care is under the direction of the attending provider, following hospital policy.
- The withdrawal will occur in/near the OR and an assigned provider will be present for up to 90 minutes to document cardiac arrest/wait period/pronouncement of death.

Brain Death

- Following hospital policy, ensure that the patient meets the prerequisites required for brain death testing.
- Ensure that patients who meet the criteria are declared in a timely manner.

Talking to Families About Brain Death Declaration

- Explaining brain death, prior to making the diagnosis, can help next-of-kin to take time to process the potential outcome.
- Learn about patient, family and support systems.
- Explain and educate about the brain injury, review scans.
- Negotiate timetables to enable optimal support.
- Be knowledgeable about the clinical diagnosis and be prepared to discuss brain death. Avoid conflicting messages such as “life support” or “withdrawing support” in a brain dead patient.

If early family support has occurred, include the OPO in the family meeting/discussion.

Do not attempt to consent the family for organ donation during the discussion of death *(If a family brings up donation, acknowledge their interest, as it means they are ready to have that discussion. Explain that you will contact the team that is trained to speak to the process and notify the OPO immediately. Overall, respond positively.)*

When informing the family of the outcome, you may want to begin the conversation with “I am sorry to inform you that your loved one has passed away,” and then review the events leading up to the death. Discuss new scans or exams.

- Explain the mechanism of death, while focusing on the neurological impact, as well as how the machines are supporting the patient’s body.
- Explain the occurrence of death and the timing of the pronouncement after testing.
- Answer any questions about the brain injury and events that led to death.
- Give the family adequate time to process and grieve.
- Invite the OPO staff in when the family is ready. Defer donation questions to the OPO.

Sample conversations:

“There is no evidence of brain function due to the brain injury your loved one incurred. Because of this evaluation, we have determined that they have passed away.”

“I am sorry to inform you that your loved one has passed away. We were able to determine this based on testing of their brain function.”

“Our testing has shown that your loved one has passed away. I can explain the tests we did to determine death if you wish.”

Planned Donation Discussion

CMS requires every family of a potential donor to be given the opportunity to authorize or decline donation.

The OPO should be the first to bring up donation in order to:

- Avoid perceived conflict of interest by family if Healthcare Team (HCT) brings up donation. HCT role is to save their loved one's life.
- Ensure patient is medically suitable for organ donation before any mention is made.
- Allow HCT to assess family understanding of non-survivable nature of injury or that patient has died prior to discussion of donation.

Donor Management

The OPO staff may request that providers assist in stabilizing the donor or completing diagnostic testing for organ function. Some of the common requests are:

- Placement of Central and Arterial Line
- Bronchoscopy
- Echo, CT or Cath
- Node Recovery or Biopsy
- Ultrasounds or X-Rays

More information and statistics can be viewed at

DONATELIFE.NET

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