Collaborating for Life: The Organ and Tissue Donation Process

Presented by:

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- Non-Profit OPO/Tissue Recovery/Eye Bank
- Established in 1974
- Federally designated OPO (by Medicare) for eastern PA, Southern NJ & Delaware
  - 130 Acute Care Hospitals
  - 16 Transplant Centers, 44 Programs
  - 10.4 Million Population
- **417 organ donors in 2012;** highest volume in the US & 40 Donors/MM; **1,226 bone recoveries** and **2,344 eye recoveries**
- Over **34,000 organs for transplantation** and over **300,000 tissue allografts**
- Accredited by: Association of Organ Procurement Organizations (AOPO); American Assoc. of Tissue Banks (AATB) & Eye Bank Assoc. of America (EBAA); UNOS/OPTN member OPO
Gift of Life Donor Program

Primary Services

- 24 hour on-call assistance and on site response to evaluate and manage potential organ donors
- Discuss organ and tissue donation options with families and coordinate the informed consent process
- Coordinate surgical recovery of organs and tissues and allocate organs per UNOS guidelines
- Provide comprehensive bereavement aftercare program for all donor families
- Assist with the development of policies and procedures
- Provide professional and public education
Gift of Life Donor Program

Organ Donor Experience

1994 – 2012

Total Donors (n=6,599)  DCDs (n=807)

Source: Based on Gift of Life Donor Program data through December 31, 2012.
Organ Transplant Waiting Lists
-Candidates -
May 2013*

118,145 Total Waiting in U.S.

Regional Waiting List

<table>
<thead>
<tr>
<th>Count</th>
<th>Organ</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,424</td>
<td>Kidney</td>
</tr>
<tr>
<td>792</td>
<td>Liver</td>
</tr>
<tr>
<td>122</td>
<td>Heart</td>
</tr>
<tr>
<td>84</td>
<td>Lung</td>
</tr>
<tr>
<td>83</td>
<td>Kidney - Pancreas</td>
</tr>
<tr>
<td>52</td>
<td>Pancreas</td>
</tr>
<tr>
<td>1</td>
<td>Heart – Lung</td>
</tr>
</tbody>
</table>

6,472 Total Waiting In Our Region

Source: Based on OPTN data as of May 29, 2013 with data available through May 24, 2013. Count based upon candidates. Candidates - A patient who is waiting at more than one center, or for multiple organs, is counted as only one candidate. Totals may be less than the sums due to patients included in multiple categories.
Gift of Life Donor Program

Donor Shortage Solutions

- Public Education / Donor Registries
- Legislative Initiatives
- Hospital Partnerships
- Expanded Donor Criteria
  - No upper age limit
  - Co-morbid factors (History of IDDM, hypertension, prolonged hypoperfusion)
  - Positive serologies (Hep B Core, Hep C)
  - Donation after Cardiac Death (DCD)
Myths & Misconceptions

- I’m too old/sick to donate
- Only the wealthy receive transplants
- Physicians and nurses won’t save me
- Donation will disfigure my body
- I won’t be able to have an open casket funeral
- My family will have to pay for donation
- My religion doesn’t support donation
Gift of Life Triage for Patient Deaths

**Cardio-Respiratory Death**
- Loss of cardiac function
- Loss of respiratory function

**Non-Recoverable Brain Injury/Illness** *(Ventilator Dependent)*
- Irreversible loss of all brain stem & brain stem function in absence of metabolic or pharmacologic inhibitors
  
  **or**
  
  - Family is discussing withdrawal of life-sustaining measures

**Potential Tissue Donor**
- Corneas, Heart Valves, Skin, Long Bones, Saphenous Veins

**Potential Organ & Tissue Donor**
- Heart, Lungs, Liver, Pancreas, Intestine, Kidneys & Tissues

*Call 1-800-KIDNEY-1*
Consult Gift of Life on all Vent-Dependent Patients w/a Non-Recoverable Neurologic Injury/Illness

To preserve the organ donation option for patients/families, call 1-800-KIDNEY-1 according to the following criteria:
(regardless of age, medical history, current hospital course, hemodynamic status)

1. At the first indication the patient has suffered a non-recoverable neuro injury/illness (pt. begins to lose some neuro reflexes)
2. Prior to the first formal brain death examination
3. Prior to family discussion of DNR or withdrawal of support
4. Patient has suffered: Head Trauma, Anoxia, CVA

Call Gift of Life – 1-800-KIDNEY-1
(1-800-543-6391)

In collaboration with the care team, Gift of Life will initiate the first mention of organ donation (after it has been determined that the patient is a medically suitable candidate for donation).
Discussing Donation With Families: It is ALL About the Timing

- If patient has been pronounced brain dead and this has been explained to the family and the family demonstrates an understanding that death has occurred.
- If the patient suffers pulmonary or hemodynamic instability; this could also compromise their donation opportunity.
- If the family mentions donation or expresses an interest in talking about it.
- If the family indicates that they want to limit or decelerate therapy or withdraw support; this could compromise their donation opportunity.
- If any hospital staff mentions donation or initiates organ donation discussion (NOT OPTIMAL PRACTICE).

Gift of Life and hospital staff huddle; then approach family together.
Types of Injuries or Illnesses Resulting in Non-Recoverable Brain Injury or Illness

- Head trauma
- Cerebrovascular accident
- Primary brain tumor
- Conditions causing cerebral anoxia
  - Drowning, smoke inhalation, prolonged cardiac arrest

Refer all ventilator dependent patients with non-recoverable, neurological injuries to 800-KIDNEY-1
Framework for Family Discussions on Death and Donation

Phases of Communication for Families of Potential Organ Donors

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Phase IV</th>
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<tbody>
<tr>
<td>_______ has suffered severe damage to his/her brain. We are doing everything we can, but it’s possible that s/he may not recover.</td>
<td>Despite everything we are doing, things are getting worse. There is nothing more we can do to help him/her recover.</td>
<td>It looks like _______’s brain has been completely destroyed and s/he appears to be dead. We have begun a series of tests to confirm this. We want to be extremely thorough and careful to ensure that we are absolutely correct.</td>
<td>We have finished the testing and found that _______ has died @ ____.</td>
</tr>
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</table>

(Show pictures of CT scan, etc.)

Notify Gift of Life Donor Program
1-800-KIDNEY-1

(timeframe provided for testing)

Hospital staff introduces GLDP coordinator

Phase V

This is ______________, who works with our team. S/he is a specialist who works with families such as yours.
What You Can Do to Make a Difference

• Timely patient referral to Gift of Life on all vent dependent patients with a non-survivable neurological injury/illness
• Gift of Life coordinator to hospital for evaluation for donation
• Ensure that families are well-supported and receiving frequent updates regarding their loved one’s condition
• Appropriately timed, sensitive family approach – decoupling; no early mention of donation to family
• Collaborative family approach with hospital staff and Gift of Life coordinator
• Ongoing donor management and family care

Source: The Partnership for Organ Donation