DONATION AT A GLANCE

Donation opportunities begin with hospitals. Those opportunities are maximized when hospitals create an environment that supports donation and ensure that staff receive training from Gift of Hope.

HOSPITAL STAFF ROLE IN DONATION PROCESS

Identifying and referring potential donors in a timely manner
Assisting with donor care to maintain organ function
Providing support to the donor’s loved ones

DONATION PROCESS

1. OPPORTUNITIES FOR DONATION:
   ORGAN AND TISSUE
   • Any ventilated patient who is declared brain dead or who is going to be withdrawn from life-sustaining therapies is a potential organ or tissue donor.
   • Any patient who dies is a potential tissue donor.

2. TWO ORGAN DONATION SCENARIOS
   In both circumstances, the patient must be hospitalized and on a ventilator.
   DONATION AFTER BRAIN DEATH
   • Neurological exam is consistent with brain death.
   • Brain death is declared by hospital physician.
   • Organs are tested and placed for transplant.
   • Patient is transferred to OR at hospital or at Gift of Hope and remains on ventilator with intact heart rate and blood pressure until organs are recovered.
   DONATION AFTER CIRCULATORY DEATH
   • Neurological exam is not consistent with brain death; withdrawal of life-sustaining therapies is planned.
   • Organs are tested and placed for transplant.
   • Life-sustaining therapies are withdrawn, and circulatory death is declared by hospital physician.
   • Organs are recovered in OR at hospital after circulatory death is declared by hospital physician.

3. MAINTAINING THE DONATION OPPORTUNITY
   Four important steps you can take to maintain the option for donation and optimize organ viability:
   1. Maintain hemodynamic stability.
   2. Keep the family informed of the patient’s prognosis and plan of care.
   3. Refer the patient to Gift of Hope.
   4. Continue bedside care of the organ donor patient, including ventilator and medication orders and laboratory/diagnostic testing.

4. PATIENT IDENTIFICATION AND REFERRAL
   ORGAN REFERRAL – VENTILATED PATIENTS
   Call Gift of Hope within one hour of identifying any ventilator-dependent patient with a non-survivable illness or neurological injury.
   Call Gift of Hope immediately if the ventilated patient exhibits one of the following:
   • Fixed and dilated pupils
   • No corneal reflex
   • No response to painful stimuli
   • No gag or cough
   • No spontaneous respirations
   • If the removal of life-sustaining care (including pressor support) is being considered and death is likely to occur
   Please refrain from discussing organ and tissue donation with family members until a Gift of Hope staff member is available to participate in the conversation about donation.

   TISSUE REFERRAL – NON-VENTILATED PATIENTS
   Call Gift of Hope as soon as possible after death occurs, before releasing the body to the funeral home.
   Nurse’s role post-mortem for tissue and/or cornea candidates:
   • Provide tissue donation card to family.
   • Obtain a phone number where the family can be reached within the next two hours.
   • Administer ocular care (TLC) — apply a few drops of saline in each eye:
     • Tape eyelids shut
     • Lift the head (elevate)
     • Cool the eye region; apply a small ice pack
   After family has left the hospital, place lightweight ice packs over the closed eyelids and record the time directly on the ice packs. Transfer the body to the morgue, but do not schedule funeral home pickup.

WHEN YOU CALL GIFT OF HOPE, PLEASE BE PREPARED TO PROVIDE:
   • Hospital name and contact information
   • Patient’s chart information and lab results
   • Patient’s demographics and vitals
   • Patient’s neurological and ventilator status

800/545-GIFT (4438)
5. INITIAL EVALUATION
   When a hospital refers a patient to Gift of Hope and initial donor eligibility is determined, a Gift of Hope Donation Coordinator travels to the hospital to meet with the patient’s care team and further evaluate the patient for donor eligibility.

6. EFFECTIVE REQUESTS: OBTAINING AUTHORIZATION FOR DONATION
   Patient and family needs are met better and authorization rates are higher when Gift of Hope and hospital staff members work collaboratively to present the donation opportunity. When Gift of Hope staff members are on site:
   • The patient’s hospital care team will review the case with Gift of Hope and discuss the patient’s status, family understanding of prognosis and family dynamics.
   • The patient’s hospital care team will then develop a care plan that includes how and when a donation discussion will be introduced and who will initiate the discussion.

7. ORGAN RECOVERY
   • Gift of Hope and hospital staff members work together to evaluate and optimize organ function.
   • Gift of Hope uses the U.S. transplant information database to match donated organs with potential recipients.
   • A recipient’s transplant surgeon travels to the donor’s hospital or Gift of Hope to recover organ(s).

8. TISSUE RECOVERY
   Tissue recovery may take place in any of several venues depending on the circumstances of the donor’s death. These venues include the hospital OR, medical examiner’s/coronor’s facility or Gift of Hope OR.

DID YOU KNOW?
Tissue donation is an option for most people—regardless of age—and often is possible even when organ donation is not. A single tissue donor can help 25 or more people with the transplants that result from this generous act.

More than 1 million tissue transplants are performed each year, offering people a new chance at living healthy and productive lives.

CMS REQUIREMENTS GOVERNING ORGAN AND TISSUE DONATION
The Centers for Medicare & Medicaid Services has established donation-related regulations and “conditions of participation” that hospitals must comply with to be eligible for Medicare funding:

• Routine Referral: Your hospital must refer all deaths and imminent deaths to Gift of Hope.
• The Option for Donation: Your hospital must ensure that all families of eligible donors are given the opportunity for donation.
• Education: Your hospital must work collaboratively with Gift of Hope to educate staff members about organ and tissue donation.

• As the primary source of support to the patient’s family, the hospital care team is encouraged to participate in the donation conversation as appropriate.

CMS also has established outcome and performance measures for hospitals and organ procurement organizations like Gift of Hope.

These collaborative goals include:
• 100% referral rate for all patient deaths
• 100% referral rate for all potential organ and tissue donors
• 100% effective request rate: The rate at which Gift of Hope and hospitals collaborate to identify the most effective approach for discussing donation with family members when authorization is required
• 75% donation rate: The percentage of deaths of all patients medically eligible for donation who become organ donors following brain death or circulatory death

DID YOU KNOW?
Illinois and Indiana both have first-person authorization registries for people who choose to be organ and tissue donors. People who join these registries make a legally binding decision and expect their wishes to be honored.

Nearly 120,000 people in the United States are on the waiting list for lifesaving organ transplants. More than 5,000 of these people are in Illinois, and nearly 1,500 are in Indiana.

The pool of potential organ donors is very small—fewer than 2% of all people who die in hospitals are eligible donors.