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Organizational Overview

About Gift of Hope Organ & Tissue Donor Network

Gift of Hope Organ & Tissue Donor Network is the federally designated not-for-profit organ procurement organization (OPO) dedicated to coordinating organ and tissue donation in the northern three-fourths of Illinois and northwest Indiana. Since our inception in 1986, we have coordinated donations that have saved the lives of more than 20,000 organ transplant recipients and improved the lives of hundreds of thousands of tissue transplant recipients. Gift of Hope considers communication with our hospital partners to be one of the most important components in the donation process.

Our mission is to save and enhance the lives of as many people as possible through organ and tissue donation. To carry out this mission and ensure that the donation process works well for the families of organ and tissue donors and for the hospital staff we serve, we work closely with the 180 hospitals in our service area as well as local and national donation and transplantation communities, including Illinois’ nine transplant centers and the United Network for Organ Sharing.

As a hospital professional, you play a central role in beginning the process, ensuring its success and ultimately helping address the critical need for donated organs and tissue in this country.

Statistics (As of July 2015)

- **More than 123,000** people in the United States, including more than 5,200 men, women and children in Illinois and 1,500 people in Indiana are waiting for a healthy organ to replace a failing kidney, heart, lung, liver, small intestine or pancreas. Thousands more await transplants of tissue, such as skin, heart valves and corneas.
- **The need is critical.** Each year, the number of organs donated for transplant in the United States falls tragically short of the need. Sadly, 22 Americans die every day awaiting transplant, and every 13 minutes another person is added to the national transplant waiting list.
- **An estimated one in 20 Americans** will need some type of medical tissue transplant during their lifetimes. Yet, despite the number of transplants performed and the anticipated future need, just 8 percent of the need for transplantable tissue is currently being met.
- **Transplantation works.** More than 25,000 organ transplants are performed in the U.S. each year. Most recipients go on to live very fruitful, active and involved lives.

This manual describes the joint roles that Gift of Hope and your hospital play in providing the option of organ and tissue donation to families of all medically suitable donors. Please become familiar with its content and
Organizational Overview

contact us with any questions at 800/545-GIFT (800/545-4438).

Following donation cases, Gift of Hope staff members follow up with hospital staff at all levels to assess the donation experience. We may distribute surveys or speak with you one on one. As part of our standard practice, we also send correspondence to donor families relating the outcome of the donation and solicit their reactions to the donation process through surveys and individual conversations. We encourage donor families to share their experiences with others if they are comfortable doing so. We also provide them with information on our Donor Family Services Department and the services its staff offers to donor families.

What We Do
We accomplish our mission by:

• Discussing donation with family members of potential donors
• Evaluating potential donors for medical suitability
• Coordinating the organ and tissue recovery processes
• Educating healthcare professionals about the donation process
• Offering support to families of organ and tissue donors
• Providing residents in our service area with information about donation
• Assisting hospitals with the development of policies and procedures for donation

Our Accomplishments
Through the generosity of more than 300 individuals and families, Gift of Hope provides more than 1,000 lifesaving organs for transplant each year. In addition, nearly 2,000 individuals and families authorize tissue donation each year, enabling thousands of patients to receive medical transplants of heart valves, bone, corneas and other tissue.

Throughout the year, Gift of Hope staff provides hundreds of professional education programs for healthcare staff about their roles in the lifesaving donation process. We also provide close to 400 public awareness programs through communities, businesses, schools and other organizations.

For more information, call the Gift of Hope Education Hotline at 888/307-3668 or visit GiftofHope.org.
Organizational Overview

Departments

Gift of Hope’s staff of nearly 300 people work under the guidance and direction of Kevin Cmunt, President/CEO, and Gift of Hope’s Board of Directors and Advisory Council. Our departments perform the following functions:

Administration
Administration, which includes Finance, Human Resources, Information Technology Services, Process Improvement, Support Services, and Transportation, provides the underlying support that keeps our organization running seamlessly — from recruiting, training and retaining talented team members to maintaining databases, records and computer systems, to transporting procurement teams, organs and tissue during donor cases.

Donor Resource Center
Donor Resource Coordinators answer hospital referral calls and coordinate communication among the entire Gift of Hope team during potential and ongoing donation cases. In an average month, the 24/7 Donor Resource Center fields 5,000 – 6,000 referral calls on potential donors.

Donor Family Services
Donor Family Services staff provides donor families with information and support following donation. They also serve as liaisons between donor families and recipients, providing information and facilitating communication.
Hospital Development
Hospital Development staff, who serve as Donation Coordinators in hospitals, work to create partnerships with hospital administrators, physicians, nurses and other staff to make organ and tissue donation possible at the 180 hospitals in our service area. They provide ongoing education and help develop donation protocols within hospitals.

Laboratory
Our full-service Histocompatibility and Immunogenetics Laboratory provides the infectious disease serologies, tissue typing, antibody identification and final cross-matching vital to matching donated organs and tissue with patients awaiting them. Every month, Laboratory staff provides more than 10,000 antibody screenings for patients awaiting kidney or kidney/pancreas transplants through the transplant centers in our service area and more than 100 dialysis centers.

Organ/Tissue Recovery
Organ and Tissue Recovery Coordinators are on call 24 hours a day to respond to potential donor cases and coordinate all aspects of organ/tissue recovery. Donation Specialists are specially trained to request authorization for organ and tissue donation and support donor families through the donation process.

Professional Education
Professional Education staff coordinates hundreds of workshops and programs every year for physicians, nurses, pastoral care staff and other medical professionals. Through their work, Gift of Hope is accredited to issue continuing education units for medical professionals.

Public Education
Awareness programs target schools, religious and civic organizations, corporations and minority communities to increase public awareness of and support for donation. About 400 programs are conducted each year through Gift of Hope’s Advocates for Hope volunteer corps, African-American Task Force and Hispanic Task Force. These groups are composed of transplant recipients and patients, donor family members and others who have an interest in increasing donation awareness.
The Donation Process

The Referral Process

Identification
Hospital staff members are responsible for initiating the referral process by calling Gift of Hope’s Donor Resource Center at 800/545-GIFT (800/545-4438) when a patient has any one of the following:

- Fixed and dilated pupils
- No corneal reflex
- No response to painful stimuli
- No gag or cough
- No spontaneous respirations
- OR -
  - If the removal of life-sustaining support (including pressor support) is being considered and death is likely to occur

Gift of Hope relies on your familiarity with your patients and the given criteria as the first step in the donation process.

Organ Donor Criteria

- Any patient who suffers a devastating and irreversible neurological insult or injury can potentially become an organ donor.
- The patient must be maintained on a ventilator with a blood pressure and heart rate.
- The hospital physician must determine that there is no hope for recovery and that all medical and surgical intervention has been exhausted or is futile.

Tissue Donor Criteria

- Any patient who experiences cardiac death is eligible to become a tissue donor.
- The patient must have a known time of death or have been witnessed as alive within the 24 hours prior to being found deceased.

Note:
Federal regulations stipulate that a referral call must be made on all deaths and imminent deaths whether they fit the above criteria or not.
The Donation Process

When to Call
Referring a death or imminent death to Gift of Hope as early as possible in the hospitalization facilitates the process for all parties. This ensures that the families of all potential donors are informed of their option to donate. If the patient experienced a circulatory death, please call the Donor Resource Center as soon as possible or within a maximum of one hour after asystole occurs.

In most cases of imminent death, Gift of Hope will dispatch a coordinator to further evaluate the patient’s medical record and current situation. This is done to minimize the amount of time hospital staff spends on the phone as we evaluate the referral. Once on site, the Gift of Hope Donation Coordinator will speak to staff to determine further evaluation and testing. At this time, a plan can be established for a coordinated and sensitive discussion about organ and/or tissue donation with the family.

Most importantly, by calling Gift of Hope to refer a patient as a potential donor, the hospital has given the family an opportunity to consider organ and/or tissue donation along with other end-of-life options. The hospital has also fulfilled its regulatory requirement to notify the local organ procurement organization — Gift of Hope in this case — of all deaths and imminent deaths.

Making the Call
The Gift of Hope Donor Resource Coordinator will ask for this basic information:

- The hospital name, city, unit and unit phone number
- The caller’s name and title
- The patient’s name, age, sex, race, date of birth, and date and time of death
- If the patient is positive for HIV, current cancer, leukemia, lymphoma or hepatitis
- If the patient is on a ventilator
- If the patient has a heartbeat

The first three questions ensure that if a call is interrupted contact can be re-established with the proper persons to discuss the potential donation case. The last three questions determine organ and/or tissue donation potential. If a patient lacks a heartbeat and is not on a ventilator, donation will be limited to tissue. If the patient has a heartbeat and is on a ventilator, organ and tissue donation may be possible.

Additional questions relating to the patient’s current vitals, hospital course, medications, medical history and lab work may be asked to further evaluate the patient as a potential organ and/or tissue donor.
Who Calls
Any member of the hospital staff can begin the donation process by calling the 24-hour Donor Resource Center (800/545-GIFT) once you have identified a patient as meeting the previous criteria for organ and/or tissue donation. Calling Gift of Hope does not require a physician order or approval. However, notifying the attending physician that the referral has been made will facilitate communication among all parties involved.

It is always helpful to give the "worst" information about the patient first, such as advanced age, history of cancer or communicable disease. This may expedite the process and minimize your time on the phone.

Documentation
Before finishing the call, the Gift of Hope Donor Resource Coordinator will tell you whether the patient remains a candidate for organ and/or tissue donation and inform you of the next steps in the process. You will receive a referral number to record in the patient’s chart as documentation that a referral call was made for the patient.
The Donation Process

The Next Step

Timing
By the time a patient has been declared brain-dead or will be withdrawn from the ventilator, Gift of Hope already should have been notified and determined whether the patient is a candidate for organ and/or tissue donation. If this determination has not been made and the patient is withdrawn from the ventilator, his or her opportunity to become an organ donor is taken away.

If hospital staff offers the option of donation to a family before Gift of Hope has determined eligibility for donation, staff may have to rescind this option if the patient, in fact, does not meet criteria for organ and/or tissue donation.

Once the referral call is made and the Gift of Hope Donor Resource Coordinator determines that the patient is eligible to be an organ and/or tissue donor, one of the following actions may occur:

Tissue Donation
For all patients eligible for tissue donation, the Donor Resource Coordinator will ask:

- The name of the patient’s legal next-of-kin
- For a phone number where the legal next-of-kin can be reached in the next few hours
- That the family is informed that Gift of Hope will call them to discuss options about tissue donation
- If the family is ready to speak with Gift of Hope while they are at the hospital

Gift of Hope staff will notify the hospital staff of the family’s decision about donation.

Organ and Tissue Donation
Organ donation can occur in one of two ways. The first is called Donation After Brain Death, or DBD. This occurs when a patient is declared brain-dead and maintained on a ventilator until his or her organs are recovered. The second is called Donation After Circulatory Death, or DCD, formerly known as non-heartbeating or asystolic donation. This type of donation occurs when a patient is removed from the ventilator at an agreed-upon time per an advance directive or family’s wish and declared dead based on cardiopulmonary criteria. The surgery to recover the donated organs begins immediately after the patient’s death.
The Donation Process

Donation After Brain Death
If the patient lacks all neurologic function, including brain stem reflexes, Gift of Hope staff will evaluate the patient’s medical record to determine if he or she meets the criteria for DBD organ donation and/or tissue donation.

If the patient is eligible, the Gift of Hope Donation Coordinator will work with the hospital staff to have the patient declared brain-dead if this has not already been done.

A hospital physician must document the clinical findings that led to the diagnosis of brain death in the patient’s chart. Your hospital policy may require additional confirmatory tests to complete a brain-death workup. (Please refer to Hospital Policies.)

A brain-death declaration is required for organ donation to proceed. A definitive statement of death such as “patient is brain-dead” or “patient declared dead,” along with a date, time and signature, must be recorded in the patient’s medical record.

Donation After Circulatory Death
The patient’s neurologic status will be assessed. If the patient has some intact neurologic function and there will be an “end-of-life” discussion or if the family has already elected to remove the patient from the ventilator, a Gift of Hope staff member will conduct an additional evaluation to determine if the patient meets criteria for DCD organ and/or tissue donation.

Many organ donors are also eligible for tissue donation, and the option to donate organs and tissue is discussed with the family at the appropriate time.
Talking with Families

Once the patient has been declared brain-dead, the next step will be to inform the family. The family must be apprised of the patient’s death and come to an understanding and acceptance of this finality. **It is important that this occurs before any discussion of organ and/or tissue donation takes place.**

This is especially important when dealing with brain death, which can be difficult for families to understand and distinguish from coma or chronic persistent vegetative state. It is critical that families understand that brain death is death in medical and legal terms and that it is just as final and absolute as cardiac death.

**Team Approach**
After a patient is declared dead and is deemed a potential donor, Gift of Hope staff will consult with hospital staff to coordinate a plan to speak with the family about donation.

**For tissue-only donors:** Gift of Hope Donor Resource Coordinators will ask that you obtain a phone number where the family can be reached in the next few hours. This gives the family time to finish up at the hospital before contacting them at the phone number provided. Gift of Hope will provide the family with a detailed explanation of the tissue donation process, answer questions about the process and discuss the option of tissue donation.

**For organ and tissue donors:** Gift of Hope staff will arrive on site and work collaboratively with hospital staff to approach the family in a caring and sensitive manner during their time of grief. This will offer support, help with end-of-life issues and explain their option of organ and tissue donation.
Donor Authorization

First-Person Authorization

Review
First-person authorization is a legally binding action whereby any person who documents his or her wish to be an organ, tissue and eye donor must have that wish honored at the time of death. Here are some facts to know about first-person authorization:

• In Illinois, the decision to be an organ and tissue donor is documented in the Illinois Organ/Tissue Donor Registry.
• In Indiana, the decision is documented in the Indiana Donor Registry.
• People can document their decisions to be donors in the above registries:
  • Using online registration forms available on the Gift of Hope, Illinois Secretary of State and Indiana Donor Registry websites
  • In person, online or via U.S. mail while obtaining or renewing their driver’s licenses through the Office of the Illinois Secretary of State
  • Using pre-printed cards that Gift of Hope makes available to the public at donor registration drives and other public education events
• If someone has a donor designation, the potential donor’s next-of-kin receives focused and deserved attention.
  • Gift of Hope and hospital representatives take the time needed to explain first-person authorization to donor families and answer any questions they may have about the donation process.
  • If a donor designation does not exist, Gift of Hope staff must obtain donor authorization from a person who has the legal power to provide that authorization.

Hospital Role in Honoring the Donation Decision:

• To effectively support families and honor donor designation, Gift of Hope asks hospital staff to:
  • Medically manage the patient to maintain the donation option by maintaining blood pressure, correcting lab imbalances, etc.
  • Help Gift of Hope facilitate the donation discussion with family or the person with legal power to authorize donation
  • Commit to honoring first-person authorization, even in the face of family opposition
  • Develop a written plan to handle family objections to first-person authorization
Donor Authorization

To provide families with information they need to make a decision about organ/tissue donation, Gift of Hope abides by the following principles during a family discussion:

- Information about donation is presented in language and terms that are easily understood by the authorizing person.
- Authorization is obtained under circumstances that provide the next-of-kin with an opportunity to ask questions and receive informative responses.
- The next-of-kin receives a copy of the signed authorization form and information on how to contact Gift of Hope following donation.
- The Gift of Hope staff member discussing authorization is trained to appropriately answer any questions about the donation process that the authorizing family member may have.
- Coercion is not exerted in any manner, and no monetary inducement is offered to obtain authorization for donation.
- Utmost respect and support of every family’s personal decision about donation is maintained.

The discussion with the family includes the following information:

- Every donor must be tested for the possibility of potentially transmissible diseases. Gift of Hope is responsible for taking every step possible to ensure the safety of the donated organs and tissues to benefit both the intended recipients and the family donating. Each donor must be tested for the presence of HIV and hepatitis and undergo other laboratory tests to ensure that we are providing healthy organs and tissues to recipients who will benefit from these gifts.
- Every family choosing to donate is asked a lengthy series of sensitive questions (“Confidential Donor Medical History and Behavioral Risk Assessment Questionnaire”) about the donor’s medical and behavioral history. The United States Public Health Service, U.S. Food and Drug Administration and American Association of Tissue Banks require the completion of this history. All recovery organizations, tissue banks and eye banks must evaluate donated tissues to ensure their safety for potential recipients. These sensitive questions must be asked because testing alone cannot completely address the need to prevent disease transmission.
Donor Authorization

- All organs and tissue recovered by Gift of Hope are intended for medically therapeutic purposes and/or medical research and education. Tissue and organs donated through Gift of Hope are not intended for use in cosmetic (enhancement) surgeries.
- The donor family incurs no costs for donation. All expenses related to the donation process are Gift of Hope's responsibility. Although recipients do not pay for the organs or tissue they receive, they will incur a charge for the hospital's cost of services related to the donation process. These services include laboratory testing, surgical recovery and preparation of organs and tissue for distribution.
- Gift of Hope is committed to its status as an Illinois not-for-profit agency. Although we prefer to work with other not-for-profit organizations to provide lifesaving and life-enhancing organs and tissues to everyone, we may enter into relationships with for-profit organizations when indicated. However, we have strict criteria that govern the development of those relationships. Gift of Hope strives to improve the quality of human life. Any organization that is directly responsible for the recovery, processing or distribution of any organ or tissue made available to Gift of Hope must address this core component of our mission.
Donor Authorization

Documentation and Family Benefits

Documentation
When a family agrees to donate their loved one’s organs and/or tissue, several documents must be completed:

• The family is required to sign a Gift of Hope “Authorization for Anatomical Gift” form if the donor is not in the donor registry.
• The family must provide information for the “Confidential Donor Medical History and Behavioral Risk Assessment Questionnaire.” This is completed with the assistance of a Gift of Hope staff member.
• Hospital staff should complete all hospital forms and paperwork that is normally required following the death of a patient.

Benefits for Families
Studies and surveys show that most families report that donation helped them during the grieving process and helped them find meaning in a loved one’s death. The prevailing view is that, while nothing can change the fact that a loved one has died, knowing that another person received a second chance at life provides comfort to families. One man whose daughter became an organ and tissue donor said, “Instead of being ‘the guy who lost his daughter in a car wreck’ I’m the donor father. That’s a label I am much happier with.”

Gift of Hope offers aftercare for families through our Donor Family Services Department. If a donor family chooses to receive correspondence from us, we share with them mailings that offer ongoing support through our remembrance ceremony and other programs.

Additional correspondence includes information on our Donor Quilt project, news about special events and tributes held to honor those who offered the gift of hope through donation, and Connections, our quarterly newsletter. Visit the Donor Families section of GiftOfHope.org to learn more. Our Donor Family Services staff stands ready to assist donor families with the aftercare services they need. Donor Family Services can be reached at 630/758-2717 or by email at DonorFamilies@GiftOfHope.org.
Specifics of Organ and Tissue Donation

Coroner/Medical Examiner Release

Before initiating the donation process, Gift of Hope will determine if the potential donor’s death falls within the jurisdiction of the county coroner or medical examiner. If the death has not been reported, a Gift of Hope staff member will ask that appropriate hospital staff report the death to the coroner’s or medical examiner’s office. Once the initial report is completed, Gift of Hope will contact the coroner or medical examiner and seek permission to proceed with donation.

Coroners and medical examiners have clear responsibilities in organ and tissue donation. While supporting the donor program, they are legally obligated to ensure that the removal of donated organs and tissues will not interfere with evidence preservation or the ability to make a post-mortem diagnosis of the cause of death. Because most organ donors have suffered brain death due to a primary neurological injury and have intact vital organ function, the removal of organs and tissue usually does not interfere with the coroner’s or medical examiner’s ability to make an accurate post-mortem diagnosis of the cause of death.
Donor Management

Following the diagnosis of brain death and family authorization for organ donation, the focus of clinical care shifts from therapies geared to saving the patient to therapies geared to maximizing organ viability for transplantation. The main goal of donor management is the restoration and maintenance of optimal conditions that will ensure functional, intact and infection-free organs and tissues.

The Donation After Brain Death (DBD) donor remains in the ICU and is maintained with mechanical ventilation, fluids and pharmaceutical agents. Gift of Hope staff assumes responsibility for management of these donors. This care includes changes in fluid type and rates, ventilator settings, orders for medications, diagnostic testing and laboratory work.

The Gift of Hope Donation Coordinator uses the following parameters* to ensure adequate perfusion and oxygenation of the donor organs:

- BP > 100 mm Hg systolic
- Mean arterial blood pressure (MAP) > 60
- PO2 > 100 mm
- Urine output > 100cc/hr
- Heart rate < 100 beats per minute
- Temperature < 100°F

*These parameters are for adult donors. Pediatric donor parameters are adjusted according to patient age and weight.

For Donation After Circulatory Death (DCD) donors, all patient care and medical care will remain the responsibility of the hospital physician until the patient is declared dead based on cardiopulmonary criteria. The Gift of Hope Donation Coordinator will work with the hospital physician to order necessary laboratory tests and medications.
Specifics of Organ and Tissue Donation

Organ Placement and Recovery

Organ Placement
The process of matching donor organs to appropriate recipients normally takes place while the patient remains in the ICU and before the surgical recovery of organs takes place. The ICU portion of donation may last 12 to 36 hours. The organ donor is registered with the United Network for Organ Sharing and matched to potential recipients based on blood type, height and weight and other criteria. The Gift of Hope Donation Coordinator receives a list with these matches and makes calls to offer the organs to the respective transplant surgeons. Once the organs are accepted, an OR time is scheduled, and recovery teams from the transplant centers are dispatched to the donor hospital.

Organ Recovery
In addition to the medical supplies Gift of Hope provides for organ donor cases, certain additional instruments and equipment must be supplied by the hospital. The services of anesthesia, circulating and scrub staff from the hospital are also required. The OR suite must be set up with all equipment, instruments and personnel by the time the patient is transported from the ICU to the OR for the organ recovery surgery.

The organ recovery surgery is handled in the same manner as any other surgery. Sterility is maintained, and the surgery is conducted with the highest level of dignity and respect for the organ donor. Usually, there are separate surgical teams for each organ to be recovered. Each team may have two or more people. All transplant personnel, along with anesthesia, circulating and scrub staff from the hospital, work together within a single OR setting to recover the donated organs in optimal condition for transplantation.

For DBD organ recovery, the patient is brought to the OR on the ventilator with an intact heartbeat and blood pressure. The patient is prepped, draped and incised. Once adequate dissection is completed, a large cannula is placed in the aorta and connected to an infusion set that contains preservation solution. The vena cava is vented, and the aorta is cross-clamped. Intra-organ perfusion and topical cooling then begins. The ventilator is stopped. Organs generally are removed in the following order: heart, lungs, liver, pancreas, small intestine and kidneys. After recovery, the organs are packed on ice and transported to the transplant hospitals where the recipients are waiting.

For DCD organ recovery, the patient is withdrawn from the ventilator either in the OR or a holding room near the OR, depending on the hospital policy. Ventilator withdrawal in the OR allows us to maximize the number of organs available for transplantation. If withdrawal occurs in the OR, the patient may be prepped and draped first and then withdrawn from the ventilator. Once the patient arrests and is declared dead, the recovery surgery proceeds in the manner described above.
Specifics of Organ and Tissue Donation

Transplantable Organs and Tissue

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<th>Organs</th>
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<td>Lungs</td>
<td>Corneas</td>
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<td>Heart</td>
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<td>Liver</td>
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<td>Small intestine</td>
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Coroner/Medical Examiner Release and Timing

As with organ donor cases, Gift of Hope staff must obtain permission from the coroner or medical examiner to proceed with tissue donation in cases that fall under their jurisdiction. There is less of a time constraint for recovery of tissue because continued circulation and oxygenation are not necessary to maintain the viability of tissue for transplantation. For this reason, tissue recoveries can take place after a post-mortem examination is completed.

The focus of care for potential tissue donors narrows to concerns of regulation of body temperature. The goal is to reduce, rather than maintain, the temperature of the body. This can be achieved by transporting the body to a temperature-controlled morgue as soon as possible after death occurs. The Gift of Hope Donor Resource Coordinator will ask that you:

- Moisten the eyes with saline, paper tape the eyes shut, elevate the patient’s head about 15 degrees and apply a cold pack to the forehead
- Transport the body to the morgue per hospital policy
Specifis of Organ and Tissue Donation

Tissue Recovery, Reconstruction and Uses

Tissue Recovery and Reconstruction
A Gift of Hope Donation Coordinator will make arrangements for the surgical recovery of donated tissue. Eyes and corneas may be removed at the bedside or in the morgue. The preferred site for recovery of other tissue is in the aseptic conditions at Gift of Hope or a hospital OR. Tissue recovery may also take place at the coroner’s or medical examiner’s office.

Gift of Hope staff will coordinate either transferring the patient to the Gift of Hope OR or scheduling the hospital surgical suite with the hospital OR staff or nursing supervisor. Corneas or whole eyes must be recovered within 20 hours of asystole. If the body is cooled within 12 hours of asystole, cardiovascular and musculoskeletal tissues may be recovered up to 24 hours after asystole. If the body is not refrigerated, musculoskeletal and cardiovascular tissue must be recovered within 15 hours.

Gift of Hope tissue recovery teams can complete most aspects of tissue recovery cases without additional assistance. They bring their own equipment, instrumentation and supplies. A completed operative report will be left in the donor’s permanent medical record. The services of anesthesia personnel are not required. In many cases, the hospital OR staff may be asked only to direct the recovery team to the appropriate areas and complete the necessary paperwork at the beginning of the case.

The body is carefully reconstructed following the recovery of tissue. Although the donation process may have an impact on its appearance and feel, it should not preclude the family from choosing an open-casket viewing. However, the appearance of the body and the possibility of an open-casket viewing may be affected by the circumstances of the donor’s death.

Preservation methods for tissue will vary according to the specific needs and function of the tissue. For example, corneas are preserved in a solution and refrigerated until transplanted. Vascular tissue such as heart valves and peripheral veins are generally cryopreserved until an appropriate recipient can be found. Musculoskeletal tissue occasionally may be transplanted immediately, but more frequently it is processed and preserved. Preservation times vary according to FDA standards, depending on the method of preservation used.
Specifics of Organ and Tissue Donation

While organs require only minimal preparation before they can be transplanted into a recipient, tissue is subject to a complexity of procedures, including inventorying, processing, storing, maintaining and ultimately delivering tissue to hospitals. It must be understood that in this lengthy, complex process some or all entities involved can financially profit for their services.

No tissue donated through Gift of Hope is intended for use in cosmetic surgeries. We affiliate only with organizations that give priority to distributing tissue for medical uses. Gift of Hope and its partner processors and distributors of donated tissue use recovered tissues based upon the highest medical need. Because of the need for processing and the ability to preserve tissue for long periods of time, donated tissue is distributed to licensed physicians as needed. Factors such as blood type and tissue size may also play a role in recipient selection for vascular tissue.

Tissue Uses
In the last few years, medical uses for donated tissue have increased greatly, with growing success in transplanting bone and other tissue, including cartilage, corneas, heart valves, ligaments, saphenous veins, tendons and skin. Medical and research uses include:

- **Cornea/eye:** restores sight for patients with corneal damage or disease
- **Heart valve:** replaces heart valves for patients with heart defects, infection or damage
- **Bone:** saves limbs, replaces joints for patients with bone cancer, bone fractures or degenerative diseases
- **Soft tissue:** repairs or restructures injured tendons and ligaments
- **Vein:** replaces femoral or saphenous veins for patients with vascular disease or diseased/blocked arteries — a limb-saving measure
- **Skin:** grafts for patients with severe burns or surgical wounds — a lifesaving measure
- **Joint restoration:** complete replacement of knee and ankle joints with donor tissue, which allows for reconstruction of damaged joints
- **Juvenile cartilage:** promotes healing for patients with cartilage defects caused by disease, stress to knee brought on by physical activity and/or age
- **Adipose:** fatty tissue removed from the abdominal area to isolate dormant stem cells, which are used to seed bone grafts from the same donor to create an osteogenic (bone-forming) tissue graft
Brain-Death Protocol

Definition
Brain death, as referred to throughout this manual, is defined as the irreversible loss of all brain function, including the brain stem.

Determination
The patient must meet the following criteria for a diagnosis of brain death:

- Known etiology of condition
- No drug intoxication or poisoning
- Core temperature > 36 C
- Cerebral unresponsiveness
- Absence of brain stem reflexes
  - Pupils fixed and non-reactive to light
  - No corneal reflex
  - No ocular movement (no dolls eyes movement, no response to cold caloric exam)
  - No cough or gag reflex
- No spontaneous respirations as evidenced by apnea test

Apnea test to confirm brain death should include:

- Pre-oxygenation of patient on 100% FiO2 for up to 10 minutes
- Baseline ABG within normal limits
- Disconnection of patient from ventilator
  - Give O2 at 6 liters per minute by tracheal cannula
- Observation for spontaneous respirations and instability of vitals
- Serial ABGs after five minutes until PCO2 > 60 mm Hg
- Reconnection of ventilator when test is complete
A PCO2 > 60 mm Hg with absent respirations confirms apnea and is consistent with brain death. If hypotension, arrhythmia or severe desaturation occurs, reconnect the ventilator immediately and consider other confirmatory tests.

**Confirmatory Tests**
Additional testing may include:

- Absence of cerebral blood flow as demonstrated by radionuclide study or contrast angiography
- Electrocerebral silence as demonstrated by EEG
- No diastolic or reverberating flow as evidenced by transcranial Doppler

Please refer to your hospital's policy on brain-death declaration (see Hospital Policies) for specifics on brain-death declaration requirements.
Donation Laws and Regulations

Worldwide acceptance of organ and tissue donation and transplantation as standard medical practice and treatment has led to the need for greater emphasis on donor identification, notification, authorization and equitable distribution.

To clarify the roles of hospitals, organ procurement organizations like Gift of Hope, transplant centers and families involved in the donation and transplantation processes, federal and state laws and regulations have been enacted.

Illinois Anatomical Gift Act
The Illinois Anatomical Gift Act (IAGA) took effect on Jan. 1, 2014. It consolidated and updated all existing Illinois laws related to organ, eye and tissue donation. Key components of the new law include:

1. Who can execute a gift (register the decision): the donor, an agent of the donor, a parent, or the donor’s guardian;
2. How a gift can be made: by joining the registry when getting a driver’s license or state identification card, in a will, or by any form of communication (including verbally) witnessed by two adults;
3. How a gift can be used: including for transplantation, therapy or research;
4. Who can authorize donation for a person who has died: a lengthy list, but key additions include civil union partner and grandparent (see p. 4 of this section for a complete list);
5. How a gift can be amended or revoked: much the same way a gift can be made, just in reverse and dated later than the first document;
6. Requirements that a hospital must maintain the medical suitability of potential donors;
7. Rights and responsibilities of procurement organizations: checking the registry, accessing patient medical records, making a reasonable search for the people who can authorize donation;
8. Language that prohibits the doctor who attends the patient at death or determines the patient’s time of death from participating in the recovery or transplantation process; and
9. Language that prohibits payment for donation, outside of reimbursement for reasonable costs associated with the recovery and transplantation process (i.e., tests, hospital charges, etc.).

The revised IAGA will certainly help to improve the donation process and, ultimately, save more lives through donation and transplantation. Gift of Hope worked with many organizations to draft the bill and get it passed into law, including Illinois Secretary of State Jesse White’s office, the Illinois Hospital Association and the Illinois State Medical Society. We owe them a significant debt of gratitude for their long-standing support of our mission.
Protocols, Laws and Regulations

The legal hierarchy of people who can authorize donation for a person who has died:

- Individual acting as the agent under a power of attorney
- Guardian
- Spouse or civil union partner
- Adult child
- Parent
- Adult sibling
- Adult grandchild
- Grandparent
- Close friend
- Guardian of the estate
- Any other person authorized or under legal obligation to dispose of body

To download a complete copy of the IAGA, go to GiftOfHope.org/About Donation/Links.

Uniform Anatomical Gift Act
The Uniform Anatomical Gift Act (UAGA), and its periodic revisions, is one of the Uniform Acts drafted by the National Conference of Commissioners on Uniform State Laws (NCCUSL) in the United States with the intention of harmonizing laws in force in the states.

UAGA governs organ donations for the purpose of transplantation, and it also governs the making of anatomical gifts of one’s body to be dissected in the study of medicine. The law prescribes the forms by which such gifts can be made. It also provides that in the absence of such a document a surviving spouse, or if there is no spouse, a list of specific relatives in order of preference can make the gift. It also seeks to limit the liability of healthcare providers who act on good faith representations that a deceased patient meant to make an anatomical gift. The act also prohibits trafficking and trafficking in human organs for profit from donations for transplant or therapy.

It provides a template for the legislation to adjust public policy and align it with developments that occur in medical practice.
Uniform Anatomical Gift Act (Revised 2006)
The UAGA was revised in 2006 to permit the use of life-support systems when someone is at or near death for the purpose of maximizing procurement opportunities of organs medically suitable for transplantation.

The NCCUSL promulgated the Revised UAGA (2006) with the substantial and active participation of major stakeholders representing donors, recipients, physicians, procurement organizations, regulatory agencies and the U.S. Department of Health & Human Services. The stakeholders represented a broad spectrum of organizations with special interest or advocacy for the practice of organ transplantation. The primary intent of revising the UAGA in 2006 was to solve the critical organ shortage by maximizing the likelihood of organ donation. To accomplish this objective, the Revised UAGA (2006) increases opportunities of organ procurement after circulatory death for transplantation [7]. The anatomical gifting of organs (heart, lungs, kidneys, liver, pancreas, small bowel, etc.) after circulatory death requires the initiation and/or continuation of ventilator support systems at the end of life to ensure their medical suitability for transplantation.

The Revised UAGA (2006) reaffirms that if a donor has a document of gift there is no reason to seek authorization from the donor’s family as they have no right to give it legally. If an individual has not made a document of gift during life, the Revised UAGA (2006) presumes the intent to donate organs and, therefore, has expanded the list of persons (in section 9a) who can authorize organ donation on behalf of that individual. The Revised UAGA (2006) considers that every individual has the right to donate his (her) organs at or near death. Finally, if an individual prefers not to donate, this must be documented in a signed, explicit refusal.

Some states have already enacted the Revised UAGA (2006); a few of those have included amendments while attempting to preserve the uniformity of the revised Act. Other states have introduced the Revised UAGA (2006) for legislation, and remaining states are likely to follow soon. The Revised UAGA (2006) increases physicians’ and hospitals’ responsibilities to fulfill their legal and moral obligations towards patients’ rights for self-determination of their medical care and quality of palliation at the end of life. Therefore, it is imperative for patients, families and physicians to become familiar with the new legislation about organ donation so that the document of gift and advance healthcare directives are not in conflict and symbolize the commitment to the patient’s autonomous decision-making at the end of life. The premises underlying the subtle progression of the Revised UAGA (2006) towards the presumption about how to dispose of one’s organs at or near death can pave the way for an affirmative “duty to donate” to the detriment of human liberty in a free society. Therefore, a broad-based societal discussion must be initiated to decide if the Revised UAGA (2006) infringes on the Patient Self-Determination Act and the individual’s right of autonomy. The discussion should also address other ethical concerns raised by the Revised UAGA (2006), including the moral stance on 1) the interpretation of the refusal of life-support systems as not applicable to organ donation and 2) the disregarding of the diversity of cultural beliefs about end-of-life decisions in a pluralistic society.