

## Organ, Eye & Tissue Donation

*Presented by:*  
 Pacific Northwest Transplant Bank  
 Community Tissue Services  
 SightLife

### A Human Issue with Human Impact

- ▶ More than 117,000 men, women and children are on the waiting list for a lifesaving organ transplant
- ▶ Every 10 minutes someone is added to the national transplant list
- ▶ 22 people die each day while waiting for an organ
- ▶ Less than 1% of all deaths nationally are potential organ donors

### One Donor Can...

**1:2**

1 cornea donor can restore sight to 2 people

**1:8**

1 organ donor can save 8 lives

**1:75**

1 tissue donor can heal lives of 75 people

### CMS Conditions for Hospitals

Center for Medicare/Medicaid Services (CMS)  
 Condition of Participation for Hospitals  
 Effective August 21, 1998

- ▶ Hospitals must report all deaths or impending deaths
- ▶ Hospitals must work cooperatively with OPO to maintain potential donor while necessary testing and placement of potential donated organs take place
- ▶ Hospitals must advise all families of medically suitable donors of their right to donate through a designated requestor

### The Donor Referral Line

1 (800) 344-8916

#### When do you call?

- ▶ Potential eye/tissue donors:
  - At the time of death *"call must be made within one hour of death"*
  - Patient made DNR
  - Comfort Care Measures
  - If a family is asking questions about donation
- ▶ Potential organ donors (ICU):
  - Within one hour of patient meeting clinical trigger (next slide)

Timeliness of the referral impacts donation outcome and efficacy of transplantable grafts.

### Clinical Trigger for Organ Donation

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    graph TD
      A[Neurological condition requiring mechanical ventilation?  
(Traumatic, Anoxic, ICH, CVA)] --> B[WITH ONE OR MORE OF THESE TRIGGERS]
      B --> C[GCS of 5 or less]
      B --> D[Less of One or More Brainstem Reflexes:  
-Pupils Fixed  
-No Cough  
-No Gag  
-No Response to Painful Stimuli  
-No Spontaneous Respirations]
      B --> E[Plan for Family Conference Regarding:  
End of Life decisions  
-Withdrawal of ventilator]
      C --- F[Call should be made within one hour of meeting trigger]
      D --- F
      E --- F
    
```

- ▶ Referrals should be made within 60 minutes of the trigger being met.
- ▶ This DOES NOT mean that the goals of care have changed
- ▶ Medical treatment should still be provided until true neurologic prognosis can be determined and/or neurologic death can be established.
- ▶ PNTB determines medical suitability
- ▶ PNTB will not approach the family about organ donation until after withdrawal of life sustaining treatment has been elected or neurologic death has been diagnosed, unless the family specifically requests information prior to this.
- ▶ Other members of the health care team should NOT mention organ donation to the family and should defer questions to PNTB



## Potential Organ Donors

- ▶ CVA
- ▶ Cardiac arrest with known or suspected anoxic injury
- ▶ Respiratory arrest
- ▶ Overdoses, intoxication
- ▶ Asphyxiation
- ▶ Anoxic injuries at birth

*\*60% of organ donors have a non-traumatic cause of death*

All deaths have the potential to be eye/tissue donors



## Referral Process

Donation agency will perform 3 key steps:

- ▶ Assess the patient's 'Donor Designation Registry' status
- ▶ Perform medical chart review for donor potential
- ▶ Return call to you to ask follow-up questions and relay potential

Donation agency coordinators will determine the medical suitability of the patient

- ▶ On-site visit from PNTB if appropriate
- ▶ SightLife and CTS will do this screening via remote EMR



## Referral Process

If patient is medically suitable, donation agency will coordinate the next steps of donation process

- ▶ For Organ Donors
  - Identifying appropriate timing for PNTB staff to have a discussion with family; (request/consent/disclosure, etc)
- ▶ For Eye and Tissue Donors
  - Obtain contact information for next-of-kin
  - Arrange for quiet room if family decides to talk to us then



## Who talks to the family about donation?

- ▶ Per policy, designated requestors\*\* are the only staff who should be discussing donation options with family

\*\*Donation agency staff

- ▶ Donation will ONLY be discussed IF the donor is medically suitable



## Donation Procedures

### Organ Donation

PNTB coordinators will be on-site to guide process

PNTB assumes management of patient after brain death declaration and authorization

- ▶ 24-36 hours in ICU
- ▶ Organ placement
- ▶ Family Support

### Eye and Tissue Donation

- ▶ Please hold release of body to funeral home
- ▶ Initiate cooling by moving patient to morgue, ice in bag over eyes
- ▶ Eye recovery does not need to take place in the OR, it can happen on the unit, in the morgue or at the Funeral Home.
- ▶ Tissue donation occurs in the OR at the hospital



## Common Concerns & Questions

- ▶ **Cost:** There is no cost to the family or the donor's estate for donation.
- ▶ **Reconstruction:** All incisions are sutured, bone and eyes are replaced with prosthetics. An open casket is still an option.
- ▶ **Meet recipients:** An anonymous letter may be sent to recipients through the donation agency. Anonymity can be waived if both parties agree. The donation agency will coordinate this effort.
- ▶ **Timing:** The entire organ donation process, from consent through surgery, may take up to 36+ hours.
- ▶ **Religion:** All major religions practiced in the U.S. support donation as a charitable act.



## Eye and Tissue Donation



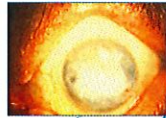
## Eye Donation

- ▶ Unlike organs, there is no waiting list for a cornea in the United States, however 10 million people in the world are waiting for a cornea
- ▶ There are three reasons why you would need a cornea: You have a corneal injury, you have a corneal disease, or you have corneal blindness from an infection
- ▶ Cornea is avascular tissue - so it is immunoprivileged
- ▶ 45,000 transplants/year with 95% success rate
- ▶ Recipients have immediate benefits—they can see the next day!

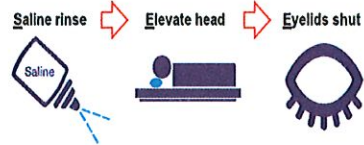
Genetic Disorder  
example - Keratoconus



Mechanical Trauma  
example - Chemical burn



## S.E.E. Protocol



**NO ICE** NO gauze, NO ointments.  
**PLEASE** elevate the head with CHUX or a rolled towel.  
**WHEN?** After family leaves. While preparing the body for transport.

What you do can make all the difference. Thank you!



Imagine...

Seeing this...

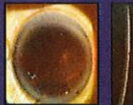


...then this.



**Eye Care Matters.** By implementing S.E.E. protocol, you help the cornea's epithelial cell layer retain better shape and quality - allowing for the best possible outcome for transplant recipients

- With S.E.E. protocol -



Healthy cornea, suitable for transplant

Can You SEE?



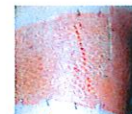
Unhealthy cornea, unsuitable for transplant



## Tissue Donation

### Tissue

- ▶ Skin
- ▶ Bone
- ▶ Heart valves
- ▶ Pericardium
- ▶ Veins
- ▶ Cartilage
- ▶ Nerves
- ▶ DTA/AI
- ▶ Tendons/Ligaments
- ▶ Fascia



## Surgical Applications

### Bone Graft use includes:

- ▶ Spinal fusions
- ▶ Space filling to promote bone cell growth
- ▶ Hip revisions
- ▶ Replacement for cancerous bone



### Connective Tissue use includes:

- ▶ ACL knee repair
- ▶ Rotator cuff repair
- ▶ Other athletic injuries



**Skin grafts** act as a biological bandage to treat severe burns

- ▶ Temperature regulation
- ▶ Create a barrier to Infection
- ▶ Prevent dehydration



## Honoring Donors, Honoring Donor Families



## Questions?

