



Nevada Donor Network

The Donation Process



Accountability • Quality • Excellence

Who is Nevada Donor Network (NDN)?

- Federally designated, not-for-profit organ, tissue, and eye procurement organization.
- Responsible for the coordination, recovery, and distribution of donated human organs and tissues for transplantation and medical research
- Participates in national organ and tissue sharing in an effort to meet the needs of patients awaiting transplants.

NDN Services

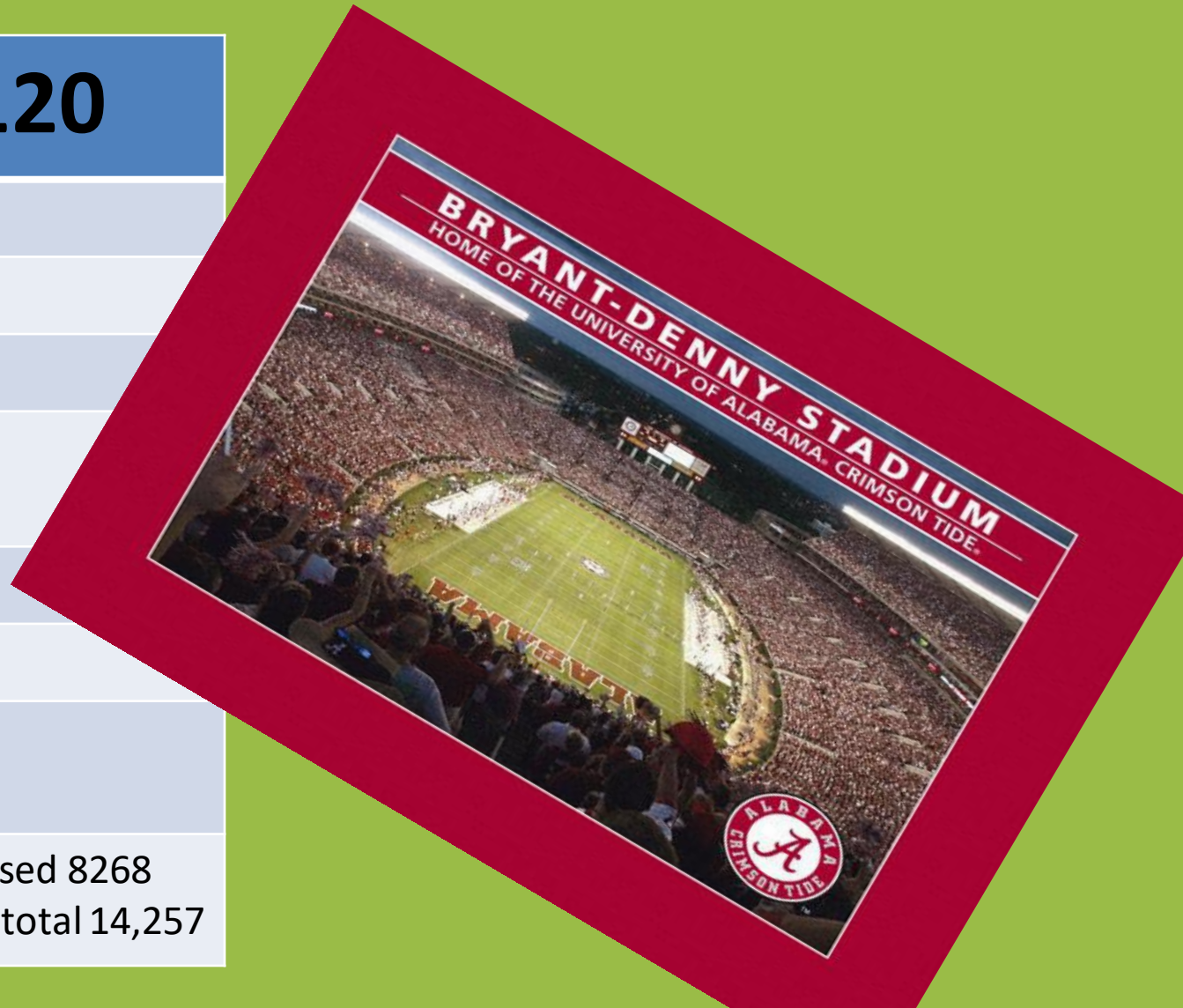
- 24-hour consultation and on-site donor evaluation
- Support and offer families opportunity to donate
- Donor management
- Educational programs
- Hospital donor policy & procedure development
- Reimbursement of donor costs
- Building relationships with hospitals, transplant centers, and the community

Statistics

Exactly how many people are waiting?



All Organs	123,120
Kidneys	95,334
Liver	15,778
Pancreas	1,189
Kidney/Pancreas	2,058
Heart	4,041
Lung	1,614
Transplants (2013)	31,127
Donors http://optn.org	2013 Deceased 8268 Living 2279 total 14,257



Nevada Donor Registry

- www.nvdonor.org
- Established in 2001
- 862,966 registered
- First Person Authorization
- Total Nevada Patients on Wait List 563
- 413 waiting for kidney transplant



Benefits of a Donor Registry

- Donor assured decision is honored
- Family comforted by certainty of donor's wishes
- Family approach and organ recovery may be accelerated
- More organs viable for transplant
- MORE LIVES SAVED



Uniform Anatomical Gift Act 2007

- www.leg.state.nv.us/NRS/NRS-451.html
- Established donor registry & first person consent
- Expanded consent options
- Sets priorities – Transplant, Therapy, Research, Education
- Provides legal protection for healthcare providers

How can *you* help make this happen?

- Call Nevada Donor Network within 1 hour for a patient who is:
 - Vented with a GCS of ≤ 5 and a neurological illness or injury
 - Vented and brain death is being considered or ordered
 - Vented with a consideration of DNR or status change
- OR
- Within 1 hour of cardiac time of death

ORGAN AND TISSUE DONATION REFERRAL GUIDELINES

In accordance with hospital policy, state and federal regulations, CMS mandates, you are **REQUIRED** to call Nevada Donor Network (NDN)

855-NVDONOR

855-683-6667

(24 hours a day, 365 days a year)

Call Within 1 Hour for a patient who meets at least one of the following triggers:

- Vented with a GCS of ≤ 5 and a neurological illness or injury
- Vented and Brain Death Evaluation is being considered or ordered
- Vented with a potential category change

OR

- Every patient that expires
- With questions or concerns

Preparing the Family

- Preparing the family means introducing the family to end-of-life specialists from Nevada Donor Network about donation opportunities.
- Preparing the family means stopping short of discussing a family's donation decision or sharing information about donation.
- Recommended language when speaking to the family: "You have an opportunity to help others through organ, eye and tissue donation. An end-of-life specialist will provide you with more information about the process."
- If the family reacts negatively, respond by saying: "I understand this is a lot to take in at this time and I encourage you to hear all the information before you make your decision."
- If the family inquires about donation: Call 855-NVDONOR
- NDN is responsible for determining if patient meets donor suitability criteria.

Centers for Medicare & Medicaid Services (CMS)

Conditions of Participation for Hospitals

- Requires all hospitals receiving Medicare funding to notify their local OPO of all deaths based on clinical triggers **within 1 HOUR**.
- The OPO determines medical suitability and ensures that all eligible families are offered the opportunity to donate.

HIPAA Privacy Rule on Organ & Tissue Donation

- Hospital Staff are Authorized to Release Patient Information to NDN (OPO)
- CFR § 164.512(h) – Final Rule

A covered entity may use or disclose PHI to OPOs or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Every Opportunity Matters

- 2,100 New patients are added to the national organ donation waiting list every month
- 16 to 17 people die every day while waiting for transplant
- 10,000 to 14,000 people die each year meeting the criteria for organ donation, but....
- Less than 1/2 of those people actually become organ donors



What is Transplantable for Adults?

ORGANS

- Kidneys
- Liver
- Heart
- Lungs
- Pancreas
- Sm. Intestine

TISSUES

- Cornea/Eyes ◀
- Heart Valves ◀
- Veins ◀
- Skin ◀
- Bone ◀
- Tendons ◀
- Cartilage ◀



Uniform Determination of Death Act 2007

- NRS 451.007
- A person is dead if he/she has sustained either:
 - Total and irreversible loss of cardio-pulmonary function, or
 - Total and irreversible loss of all brain function including the brain stem

Two Forms of Organ Donation

Donation after Brain Death

- Manifest a non-survivable neurologic injury
- Irreversible loss of all functions of the brain, including the brain stem
- Declared brain dead through hospital policy

Donation after Cardiac Death

- Family makes decision to withdraw life-sustaining therapy
- Patient not brain dead
- Patient extubated in OR
- Organ donation can occur after declaration of death

The Organ Donation Process



Hospital
Services

Community
Outreach

Identification
& Early
Referral
Based on
Clinical
Triggers

Suitability
Donor Mgmt.
Brain Death
Declared
Donation After
Cardiac Death
Assessment

Family
Support
Huddle
Effective
Requesting
Medical/Soc
History

Coroner
Clearance
Organ Placement
Organ/Tissue
Recovery

Your Role as a Nurse

- Refer patient's meeting clinical trigger (within one hour)
- Provide NDN with patient's clinical picture to assess donor suitability
- Report any changes in patient's status
- Do not pre-mention donation to family
- Participate in the "Huddle"
- Continue to provide family support in collaboration with NDN



Role of the Physician

- Identify the patient as potentially brain dead or suitable for DCD Donation
- Perform and document a brain death exam
- Inform the family of their loved one's death
- Do not pre-mention donor to family
- Participate in the “Huddle” with NDN staff
- The introduction of NDN staff to the family
- Maintain patient care to preserve donation opportunity

The Purpose of the Huddle

- Huddle is a pre-approach gathering between NDN and healthcare team to create a support system for potential donor families, in order to meet all of their needs
 - Personal
 - Cultural
 - Spiritual
- Huddle involves everyone that was a part of the patient's / family care and ensure consistent communication between families, hospital staff and NDN personnel
- To develop an environment for a successful outcome



The Approach

- For many families donation is the only positive experience in the tragic chain of events
- Families need information about donation to make an informed decision
- Families are best served when hospitals & OPOs work together to offer the option of donation
- Hospital staff is encouraged to bridge rather than approach

Bridging vs. Approaching

- **Preparing** the family is introducing the family to end-of-life specialists from Nevada Donor Network about donation opportunities.
- **Preparing** the family stops short of discussing a family's donation decision or sharing information about donation

Process After Consent for Organ Donation

- Patient is discharged and readmitted under NDN
- A 1:1 nurse is to be assigned to patient
- NDN Procurement Transplant Coordinators (PTCs) are on site to facilitate any labs that need to be drawn for testing
- NDN examines patient and determines which organs are suitable for transplant

Process After Consent for Organ Donation

- A PTC will remain on site to manage patient and work with bedside nurse
- PTC allocates organs through UNOS and coordinates with multiple recovery teams to set an OR time
- Once an OR time is set, patient is transported to OR for recovery.
- After organs are recovered in the OR, the body can be released to designated funeral home.

Data Measured

- Monthly reports are provided to hospital
 - Provides an outcome of cases
 - Used as an indicator for improvement
- Data provided
 - Organ & Tissue Referrals
 - Organs Recovered & Transplanted
 - Timely Referral Rates
 - Late & Missed Referrals
 - Approaches (appropriate and inappropriate)

Key Points to Remember

- Refer a patient to 800-350-9517 when a ventilated patient meets one of the clinical triggers
- Refer every cardiac death within 1 hour to 800-350-9517
- Do not approach a patient's family about donation. If they inquire about it simply state you will have an end of life specialist speak with them. At that point contact Nevada Donor Network at 800-350-9517.
- Lives are able to be saved and enhanced even though tragic circumstances.