Saving Lives Together

An Overview of Organ & Tissue Donation
Saving Lives Together Objectives

At the end of this presentation, the participant will be able to:

• Explain the process of organ and tissue donation and related legislation
• Identify clinical triggers for referral of potential organ and tissue donors
• Define Brain Death and reinforce family’s understanding of diagnosis
• Verbalize their role in the donation process
Organ, Eye & Tissue Donation

UNIVERSITY OF MIAMI

Life Alliance Organ Recovery Agency (LAORA)
Florida Lyons Eye Bank (FLEB)
University of Miami Tissue Bank (UMTB)
Life Alliance Organ Recovery Agency (LAORA)

• Division of the University of Miami DeWitt Daughtry Family Department of Surgery
• Non-profit community service organization
• Obtains organs for clinical transplantation
• Provides comfort and assistance to bereaved donor families
• Educates healthcare professionals and the community
Florida Lions Eye Bank (FLEB)

Founded in 1962 by the Department of Ophthalmology of the University of Miami Miller School of Medicine in partnership with the Lions of Florida
Located within the Bascom Palmer Eye Institute
Recovers and provides corneas and other ocular tissues for transplantation and research
Registered with the FDA, licensed by the State of Florida, and accredited by the Eye Bank Association of America
University of Miami Tissue Bank (UMTB)

- Founded in 1970 as a result of the U.S. Navy Tissue Bank
- Located at University of Miami’s Miller School of Medicine
- Committed to provide patients with safe and functionally-effective tissues, and to develop new tissue transplantation technologies
- Registered with the FDA, accredited by the American Association of Tissue Banks and licensed by the following states to distribute tissue
  - California
  - New York
  - Maryland
  - Florida
LAORA, UMTB & FLEB’s Designated Service Area (DSA)

LAORA’s area of certification is designated by the Department of Health and Human Services:

- Miami-Dade
- Broward
- Monroe
- Palm Beach
- Collier
- St. Lucie
- Commonwealth of the Bahamas

Over 80 hospitals in DSA
Responsibilities of LAORA, UMTB & FLEB

- Evaluate potential organ and tissue donors
- Coordinate all recovery and preservation activities
- Obtain consent from family in collaboration with the hospital
- Maintain donor after brain death declaration
- Allocation of organs
- Provide donor education programs
- Support services to the donor family
Legislation

- 1968 Uniform Anatomical Gift Act
  - Allowed the gift of donation through documentation, such as a donor card
- 2003 Nick Oelrich Gift of Life Act (FL)
  - An individual has the right to designate their wishes regarding donation. This designation may not be overruled by a family member.
- 2009 Uniform Anatomical Gift Act (revised)
  - A donor designation does not require consent from the legal NOK/healthcare surrogate. This designation is recognized as first person consent
  - www.DonateLifeFlorida.org
- Our Practice on First Person Consent
  - Disclosure form and copy of donor designation (in lieu of consent form) will be provided to family
Laws That Impact Hospital Processes

• 1996 Required Request Law
  – Families have the right to be given the option of donation at/near the time of death of their loved one

• 1998 Required Referral Law
  – All deaths and imminent deaths must be reported to the OPO by calling 1-800-255 GIVE (4483)

  – Hospital staff’s perception that a family’s grief, race, ethnicity, religion or socioeconomic background would prevent donation should never be used as a reason not to approach a family.
Donation Related Legislation & Regulations – Continued

- CMS Conditions of Participation
- Requires hospitals to establish relationship with their federally designated OPO
  - Hospitals must establish protocols for identifying and referring potential donors and for informing families of their opportunity to donate
  - TJC Requirements (Standard PL.1.10)
  - Requires hospitals to measure the effectiveness of their organ procurement efforts including the conversion rate
  - Review donation related data to improve conversion rates
United Network for Organ Sharing (UNOS)

- UNOS is the private, non-profit organization that manages the nation's organ transplant system under contract with the federal government
- Ensures an equitable system for organ sharing
- Maintains patient waiting list
  - Urgency of need
  - Time of waiting
  - Blood/Tissue type
  - Size
- Matching recipients with donors
- Responsible for increasing organ donation
- Develops and monitors compliance
- Reports outcomes and costs
# National Waiting List

**as of 04/22/14**

<table>
<thead>
<tr>
<th>Type of Transplant</th>
<th>Patients Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>107,653</td>
</tr>
<tr>
<td>Liver</td>
<td>16,420</td>
</tr>
<tr>
<td>Pancreas</td>
<td>1,193</td>
</tr>
<tr>
<td>Kidney-Pancreas</td>
<td>2,097</td>
</tr>
<tr>
<td>Intestine</td>
<td>267</td>
</tr>
<tr>
<td>Heart</td>
<td>3,934</td>
</tr>
<tr>
<td>Heart-Lung</td>
<td>52</td>
</tr>
<tr>
<td>Lung</td>
<td>1,704</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>133,320</strong></td>
</tr>
</tbody>
</table>

*Based on OPTN data as of April 22nd, 2014*
# Florida Waiting List as of 04/22/2014

<table>
<thead>
<tr>
<th>Type of Transplant</th>
<th>Patients Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>4,576</td>
</tr>
<tr>
<td>Liver</td>
<td>460</td>
</tr>
<tr>
<td>Pancreas</td>
<td>26</td>
</tr>
<tr>
<td>Kidney-Pancreas</td>
<td>88</td>
</tr>
<tr>
<td>Intestine</td>
<td>13</td>
</tr>
<tr>
<td>Heart</td>
<td>236</td>
</tr>
<tr>
<td>Heart-Lung</td>
<td>5</td>
</tr>
<tr>
<td>Lung</td>
<td>137</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,541</strong></td>
</tr>
</tbody>
</table>

Based on OPTN data as of April 22\textsuperscript{nd}, 2014
The Organ Donation Breakthrough Collaborative began in 2003 as one of the components of U.S. Department of Health and Human Services Gift of Life Donation Initiative.

**The aim of the Collaborative is to dramatically increase the number of organs transplanted**

Some of its best practices include:
- Early referral rapid response
- Preserving the option of donation

LAORA seeks to collaborate with all the hospitals in its service area in order to help each of them achieve an average donation rate of 75% thereby saving or enhancing hundreds more lives each year.
Effective July 2005, standard PI.1.10, requires hospitals to measure the effectiveness of their organ procurement efforts:

- The collaborative conversion rate: Actual Donors over eligible deaths plus non-eligible donors
- Review data to improve conversion rates
Clinical Triggers

**ORGAN DONATION**
- GCS Equal to or Less than 5 and Ventilator-Dependent
- Brain Death Testing to be Initiated
- Any discussion concerning end of life options (comfort care measures, no escalation of care, or withdrawal of Life Sustaining Therapies)
- Family initiates discussion regarding donation

**TISSUE DONATION**
- Upon Cardiac Death/Asystole

1-800-255-GIVE (4483)
Clinical Triggers

- Donation is not to be discussed with families until patient is evaluated for medical suitability to avoid giving families false hope for donation.
Collaboration = Higher Consent Rate

- Family approach must be done in collaboration with LAORA staff in order to ensure the highest possibility of obtaining consent.

Source: “Improving the Request Process to Increase Family Consent for Organ Donation”; Gortmaker, et al. (Journal of Transplant Coordination 1998; 8:210-217)
Brain Death Law and Determination
Florida Statute 382.085

• Irreversible cessation of brain function including brain stem
• Two board eligible or board certified physicians by clinical exam
• Reversible etiology must be considered and excluded prior to diagnosing brain death
• May confirm brain death by:
  – Negative cerebral flow
  – Flat EEG and/or
  – Apnea test
Jackson Health System Brain Death Policy

PURPOSE: This policy establishes guidelines for the determination of death by brain criteria. Brain death is a clinical diagnosis. For legal and medical purposes, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where there is the irreversible cessation of the functioning of the entire brain, including the brain stem. Defining characteristics include apnea, coma and absence of brain stem reflexes.

POLICY: This policy is not intended to alter the treatment of patients at the Jackson Health System but to ensure compliance with the State of Florida through FS 382.009. This process must be medically supported and promote the dignity of the patient and sensitivity towards family members. However, death by brain criteria, “brain death,” is a medical and legal definition. It does not require consent or participation by family or surrogate decision makers. Family/surrogate will be informed of determination.

PROCEDURE:
1. Two physicians licensed in the state of Florida shall make the determination of brain death.
   
   KEYPONT: One physician shall be the attending physician, and the other physicians shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist.

   KEYPONT: The physicians making the determination of brain death shall not participate in the procedure for organ/tissue procurement or transplantation.

2. Two separate clinical examinations must be performed to make a determination of brain death.

3. The next of kin/surrogate of the patient shall be notified as soon as practicable of the procedures to determine death under this policy. The medical records shall reflect such notice. If such notice has not been given, the medical records shall reflect the attempts to identify and notify.
Donation After Cardiac Death (DCD)

Immediate rescue of organs within 60 minutes of extubation after asystole/cardiac death occurs.

- WDLS trigger must be called within one hour to
- 1-800-255-GIVE

These patients are:
- On mechanical ventilation
- Are terminally ill or have sustained an irreversible brain injury
- Do not meet brain death criteria
- For whom further treatment is deemed futile and are predicted to die
- Families have made decision to withdraw life sustaining therapies
- Organs that can be donated are liver, kidneys, pancreas, (abdominal organs) and heart valves
• Donation Opportunity offered AFTER decision to withdraw life sustaining therapies
• Inform family of process in the event patient does not expire
• Family can be present in OR if hospital policy permits
• Pronouncement is made by hospital physician
• Withdrawal is done by hospital staff
• OPO coordinator present to document vitals ONLY
• First incision is made 3-5 minutes after pronouncement
Jackson Health System DCD Policy

POLICY STATEMENT

This policy is intended to provide every medically suitable deceased adult patient and/or their legal next-of-kin with the opportunity to give an altruistic gift of organ/tissue donation in compliance with Section 765.510 of the Florida Statutes. This policy is not intended as a means to solicit such organ/tissue donations but rather is intended to provide an ethically appropriate and suitable procedure that respects the rights of adult patients who die in Public Health Trust (PHT) facilities and to provide those patients and their families a mechanism for those desiring to donate organs and/or tissue.

PRINCIPLES

It is the clear intent of the PHT that this policy is meant to deal solely and discreetly with the issue of organ/tissue donation from donation after cardiac death (DCD) donors. It is not in any way intended to alter the treatment or management of patients in any PHT facility. Decisions concerning the treatment and management of patients must be made separately from decisions regarding the possibility of organ/tissue donation. More particularly, any decisions involving the withholding or withdrawal of mechanical life support or other life-prolonging procedures must be made separately from and prior to any discussion of organ/tissue donation with patients or families. Consideration of organ/tissue donation with regard to a particular patient shall occur only after the patient or the patient’s authorized representative, together with the patient’s physician, have reached agreement to terminate life-support treatments, in accordance with PHT policy and applicable law.

A patient can be an organ and/or tissue donor pursuant to this policy only after death. Legally sufficient evidence of the deceased patient’s intent to make an organ or tissue donation must be available or consent for the donation must be obtained from the patient’s legal next-of-kin. Provided there is such evidence of the intent to make the donation, a family member, guardian, representative ad litem, or health care surrogate may not modify, deny, or prevent a donor’s wish or intent to make an anatomical gift after the donor’s death.

It is the health care professional’s primary responsibility to optimize the patient’s care and this policy explicitly prohibits any intervention which primarily intends to shorten the patient’s life for the purpose of procuring organs or tissue. Utmost attention and caution shall be taken to protect the dignity and rights of the donors and donor candidates.

The following mandatory criteria must be met for proper application of this policy:

A. The patient must receive all appropriate procedures and treatments, in accordance with standard medical practice, until such time as agreement has
Organ Donation Process – Brain Death or WDLS

Referral

- Call in trigger within 60 minutes to (800) 255-GIVE
- Have chart readily available when making the referral

Chart Review

- Coordinator will call back immediately to review past medical history, lab results, current neurological status, etc.
- HIPPA Exempt
Organ Donation Process – Brain Death or WDLS

Coordination
- Provide updates accordingly such as status change
- Coordinate care with the physicians to support patient until brain death is declared.
- Initiate catastrophic brain injury guidelines/organ preservation orders

Care of Family
Pre-Donation
- Donation *should not be* mentioned to family
- Reinforce family’s understanding of brain death

Donation
Collaboration
- Team Huddle!!
- LAORA’s designated requestor will make approach in collaboration with hospital staff
- Requestor to be introduced as “a member of the healthcare team to discuss end of care decisions”
Organ Donation Process – Brain Death or WDLS

Consent Obtained

• Medical examiner’s office notified (when applicable), serologies performed for communicable diseases, and specific diagnostic procedures are performed

Organ Recovery

• The organs are surgically removed in the hospital’s OR, unless family has consented transfer to another recovery facility.
• Organs are transported to recipient hospital by LAORA staff
Referral Consultation Note – Will advise you on the patient’s candidacy
Jackson Health System

Catastrophic Brain Injury Guideline-preserving the option of donation
Life Alliance
Organ Recovery
Agency Consent Form

Life Alliance Organ Recovery Agency (LAORA)
University of Miami - Department of Surgery
Consent for the Donation of Organs/Tissues 1-800-255-4483

A. I understand that ____________ (name here, will be) pronounced dead as a result of:

☐ Cardiac Death
☐ Brain Death, before the donation begins.

B. I, the undersigned, as next-of-kin of ________________ certify that I am related to the above-named donor, as follows: "RELATIONSHIP TO DONOR" and, as such next-of-kin, hereby give consent for the donation of organs/tissues to LAORA specified below at no cost to me or ________________ estate, for the purpose of Transplantation, Therapy or Research.

C. Indicate which organs/tissues are to be donated for transplantation and/or research by checking "YES", "NO" or "NA" for each specified organ/tissue:

RESEARCH CONSENT: In the event any organs and/or tissues are deemed unsuitable for transplantation, I hereby specifically give or deny permission for them to be utilized for biomedical research by academic and/or corporate institutions, understanding that this research may lead to the development of new treatments facilitated by both non-profit and for-profit corporations.

Specific authorization for Transplantation and Therapy (T) or Research (R) is reflected in the following table:

<table>
<thead>
<tr>
<th>Organ/Tissue</th>
<th>T</th>
<th>R</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI Tract</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Valve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marrow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Vessels</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify special requests, restrictions, etc.: ________

D. I hereby authorize and give my permission to LAORA to transfer aforementioned donor, if necessary, to University of Miami Hospital in order to facilitate the donation process.

E. I understand and authorize LAORA to remove, preserve, and transport the above-mentioned donor for the purpose of tissue typing and laboratory tests, and to remove blood vessels in order to facilitate the transplantation of organs.

F. I understand and authorize LAORA, and hospital physicians and staff to perform any and all necessary testing and procedures, including operative procedures, on the aforementioned donor in order to determine organ/tissue suitability for transplantation, facilitate the donation of organs, and to protect the recipient(s) against communicable diseases including HBV, HCV, HIV/AIDS, sexually transmitted diseases, etc. I understand and authorize the anesthesiology team to perform any and all necessary testing and procedures on the aforementioned donor to facilitate the donation of organs, including without limitation, the maintenance of organ function during the organ donation process.

G. I understand that the complete cost of donation will be itemized on the patient’s hospital bill. LAORA will receive a copy of the bill and reimburse the hospital for the donation related expenses.

H. I hereby authorize and give my permission for LAORA to make copies and release the donor’s medical record, the results of testing, and data collected from the course to entities including, but not limited to: those involved in the medical care of transplant recipients, medical publications, persons involved in processing and allocation of organ/tissue for research (in the event research permission is granted), organizations involved in the allocation of organ/tissues for transplantation (United Network for Organ Sharing, other organ procurement organizations, etc.). It is understood that LAORA will keep this information confidential to the extent permitted by law. THERE WILL BE NO PASSING OUT OF ALL RESEARCHERS.

I. For bone and soft tissue donation it is necessary to perform a complete autopsy, without restrictions, to protect the recipients from disease or infection. I hereby ___ GIVE / ___ DO NOT GIVE my permission for this procedure.

J. Upon completion of the donation process, LAORA may wish to share information with you regarding your loved one’s donation and/or special events conducted by our organization. ___ I WOULD / ___ I WOULD NOT like to receive correspondence from LAORA after the donation process.

K. I understand that the body of my loved one will be treated with the utmost respect and dignity. Furthermore, LAORA assures that the surgical recovery will be conducted according to accepted medical and ethical standards.

Signature: ( )
City: ____________
Date: ____________
( ) State: ____________
Phone: ( )
Zip: ____________
Address: ____________
Time: ____________
Phone: ( )
Address: ____________
Time: ____________

Received: ____________
Filing date: ____________

Miracles made daily.
Jackson HEALTH SYSTEM
## Organ Donors & Consent Forms

<table>
<thead>
<tr>
<th>Type of Consent</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Person Consent (BD/DCD)</td>
<td>Donor Designation</td>
</tr>
<tr>
<td>Family Consented</td>
<td>OPO Consent Form</td>
</tr>
</tbody>
</table>

**NOTE** - OR/Anesthesia forms are **NOT REQUIRED** for **ANY** organ donor case.
Role of the Donor Management Coordinator

- Huddles with Life Alliance Designated Requestor and considers the timing and setting of the approach.
- Reinforces NOK’s understanding of brain death.
- Serves as a resource for information about donation.
- Gives the family time to discuss and be available to answer questions.
- Supports the decision.
- Coordinates the entire donation process
  - Evaluates all potential donors for medical suitability
  - Presents the option of donation to the family
  - Completes the legal consent process
  - Answers myriad donation questions
  - Manages the donor in the ICU
  - Allocates organs (identifies potential recipients)
  - Facilitates surgical recovery and organ preservation in the operating room
Preserving the Option for Donation

OPO: Organ Procurement Organization/Life Alliance

- Implement Organ Preservation Orders/Donor Management Goals (See Reverse).
- Support the family through their understanding of Brain Death/Poor prognosis.
- Conduct “Team Huddle” with Life Alliance Team to collaborate on the family approach.

LIFE ALLIANCE
ORGAN RECOVERY AGENCY
UNIVERSITY OF MIAMI
UMTB
1-800-255-GIVE (4483)
Preserving the Option for Donation

Donor Management Goals

- (MAP) 60 - 100 mmHg
- (CVP) 4 - 10 mmHg
- (EF) > 50%
- Vasopressor use < 1 and low dose
- Ph on ABG 7.3 - 7.45
- PaO2:FiO2 (P:F) > 300 on PEEP = 5
- Serum Na 135 - 160 mEq/L
- Blood Glucose < 150 mg/dl
- Urine output 0.5-1 ml/kg/hr
Necrotic Liver
Necrotic Liver
Healthy Liver
Healthy Lungs
Kidneys Ready for Transplant
Preserved on Machine
Multi-Visceral Organ Recovery
Tissue Donation to Transplant

Consent → Recovery → Processing → R & D → Transplant
Tissue Utilization and Benefits to Recipients

- **Osteoarticular/Oncology/Revision Total Joints**
  - Resurfacing of articular cartilage damage in knee, hip, shoulder or ankle with mature hyaline cartilage and healthy subchondral bone in a single procedure from a single donor. This helps avoid limb amputation. Also reduces risk of cancer growth.

- **Oral & Maxillofacial**
  - Dental Procedures
  - Complete/partial mandible replacement

- **General Surgery**
  - Skin grafts for burn victims
  - Urological surgeries (fascia lata)
  - Inner ear surgery (pericardium)
  - Cranioplasty (dura)
Tissue Utilization and Benefits to Recipients

- **General Orthopedics/Trauma Reconstruction**
  - Peri-prosthetic fractures
  - Segmental bone loss
  - Ankle fusion/mid-foot fusions

- **Sports Medicine**
  - Joint reconstruction in the knee, ankle & hip such as ACL, PCL, MCL, & LCL reconstruction. Also includes ligamentous repair of the hand & foot
  - Cartilage Repair
  - Rotator Cuff Repair

- **Spine**
  - Neurosurgery
  - Cervical and lumbar spinal fusions
Eye Donation and Benefits to Recipients

- **Corneas**
  - Restores sight in patients with corneal blindness caused by corneal diseases, traumas, or infections.

- **Sclera**
  - Used as a patch to cover tube shunts implanted during glaucoma surgery.
  - Used to wrap orbital implants for patients who have lost an eye due to trauma, cancer or severe disease.

- **Whole Globes**
  - Used for research to advance the treatment of ocular disease
  - Used to teach residents and fellows surgical procedures
Tissue & Eye Donation Process – Cardiac Death

Referral
- Death reported to (800) 255-GIVE within 1 hour
- Have chart readily available when making the referral

Chart Review
- Name of patient, date and time of admission, cause/date/time of death, fluids administered, current and past medical history, ME status and status of physician signing death certificate
- Portions of chart may be requested to be faxed for review by Medical Directors – HIPPA Exempt

Contact Information
- Donation should not be mentioned to family
- Please obtain two contact numbers where the family member can best be reached in the next few hours (preferably home numbers)
Tissue & Eye Donation Process – Cardiac Death

- Nurse to place PTD card on potential tissue donor
- Assure Potential Tissue Donor is placed in refrigerated portion of morgue
- Record/Document time placed in refrigeration

- Please call 1-800-255-GIVE prior to releasing body to funeral home and provide funeral home contact information.
- Outcome will be relayed to hospital

- **Consent Granted:** Hospital notified/Transportation organized/Consent provided to Hospital
- **Donation Declined:** Hospital notified
ATTENTION
Potential Tissue Donor

To preserve tissues for transplantation
PLEASE PLACE IN REFRIGERATED COOLER as soon as possible and document date & time of refrigeration.

1-800-255-GIVE (4483)
Discretion and Sensitivity

• Using discretion does not mean that certain families should not be approached about donation.
  – Hospital staff’s perception that a family’s grief, race, ethnicity, religion or socioeconomic background would prevent donation should never be used as a reason not to approach a family.
  – Donation is not to be discussed with families until patient is evaluated for medical suitability to avoid giving families false hope for donation.
  – Family approach must be done in collaboration with LAORA staff in order to ensure the highest possibility of obtaining consent.
Donation consent rates have shown:
  – 43% success: hospital only
  – 62% success: OPO only
  – 72% success: Hospital and OPO
Common Family Concerns

Q. What can be said after a family is notified that the patient is brain dead/has a non-survivable brain injury and they ask “what is next”?

Q. What can be said if the family is notified that brain death testing is going to be initiated and they ask “what is next”?

Q. What can be said if the family chooses to transfer their loved one’s care to hospice and you are waiting for the OPO staff to arrive?

Q. What can be said if the family inquires about ongoing treatments after they have been notified of a poor prognosis/brain death?

A. “There are end of care decisions that need to be made. A member of our healthcare team will be speaking to you shortly.”
Did You Know

- Approximately every 14 minutes a name is added to the national patient waiting list.
- Every day approximately 20 people die waiting for an organ transplant.
- Approximately every 31 hours a person dies in the State of Florida waiting for a transplant.
- One organ donor can save the lives of up to 8 People (Kidneys, Heart, Pancreas, Small Bowel, Lungs, and Liver).
- One tissue donor can improve the lives of up to 250 people. (Dura Mater, Heart Valves, Ligaments, Cartilage, Bone, Skin & Corneas).
- Longest surviving organ recipient: Clinical Transplant 2009
  - Kidney: 47 years
  - Liver: 40 years
  - Heart: 31 years
  - Pancreas: 26 years
  - Lung: 23 years
What Everyone Needs To Know About Donation

- No cost to donate
- No pain to donor
- No disfiguration, open casket viewing is possible.
- Donation is not against any major religion, most religions support to donation and consider it an act of charity
- Donation is accomplished within approximately 24 - 36 hours after death
- Donation can provide solace and comfort to the donor family.
Common Concerns Regarding Tissue Donation

All of the following are addressed at the time of approach for tissue donation

- Donation and funeral plans
  - viewing vs. direct cremation
    - tissue type restrictions
    - clothing
    - timing
    - surgical removal of tissue and reconstruction

- Religious considerations

- Serological testing

- Tissue benefits to recipients
Organ Donors

Sasha

Talia

Julio

Christian

Edna Mae M. & Edna Mae H.

James
Organ Transplant Recipients

Denise
Kidney
Transplant

Michael- Heart Transplant
(Wish Sasha’s Mom & Son)

Gabie & Gilbert
Liver
Transplants

Stephanie
Double Lung Transplant

Trine and Ryan
Liver Transplants

Neal- Heart Transplant
Tuly

J’siah

Dorothy

Anthony

Diego
Tissue Transplant Recipients

Laura Cloward Dowel (Cervical)

Eric Osteoarticular Allograft (Femur/Tibia/Meniscus)

Vivica Osteoarticular Allograft (Pelvic)

Adrianne Patellar Tendon (Bone Tendon Bone)
Cornea & Sclera Recipients

Linda (Cornea)

Sam (Cornea)

Donna (Sclera)

Craig (Sclera)

Juan (Cornea)

Frednel (Sclera)
You Make a Difference

- There are over 100,000 Americans awaiting vital organ transplants, and many more in need of corneas, bone and tissue.
- When you refer a potential donor, you are giving someone the opportunity to save or enhance their quality of life.
- We are deeply grateful for the important role you play in turning tragedies into miracles.
Help Save Lives!

BECOME AN ORGAN AND TISSUE DONOR

- Register at www.donatelifeflorida.org
- Indicate your wishes when you renew your driver’s license
- Request a registration form from Life Alliance
- Share your decision with your family
LAORA/UMTB Customer Service

HOW ARE WE DOING?

• If you encounter any issues when making a referral, please write down the referral ID# and your LAORA Hospital Development Specialist will follow up. All calls to the Donor Referral Line are recorded.
• Please provide feedback via our quarterly hospital surveys on how to improve our processes and overall customer service.
• Contact your LAORA Hospital Development Specialist with any questions or concerns.
• The course evaluation must be completed to obtain contact hours.

• Please be sure to complete the evaluation after completing the Post Test.
References

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