

# **Saving Lives & Giving Hope: Organ, Tissue, Eye Donation in the Trauma Population**

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# GIFT of LIFE

## DONOR PROGRAM

THE REGION'S ORGAN & TISSUE TRANSPLANT NETWORK

800-DONORS-1 • [www.donors1.org](http://www.donors1.org)



11.2 Million Residents

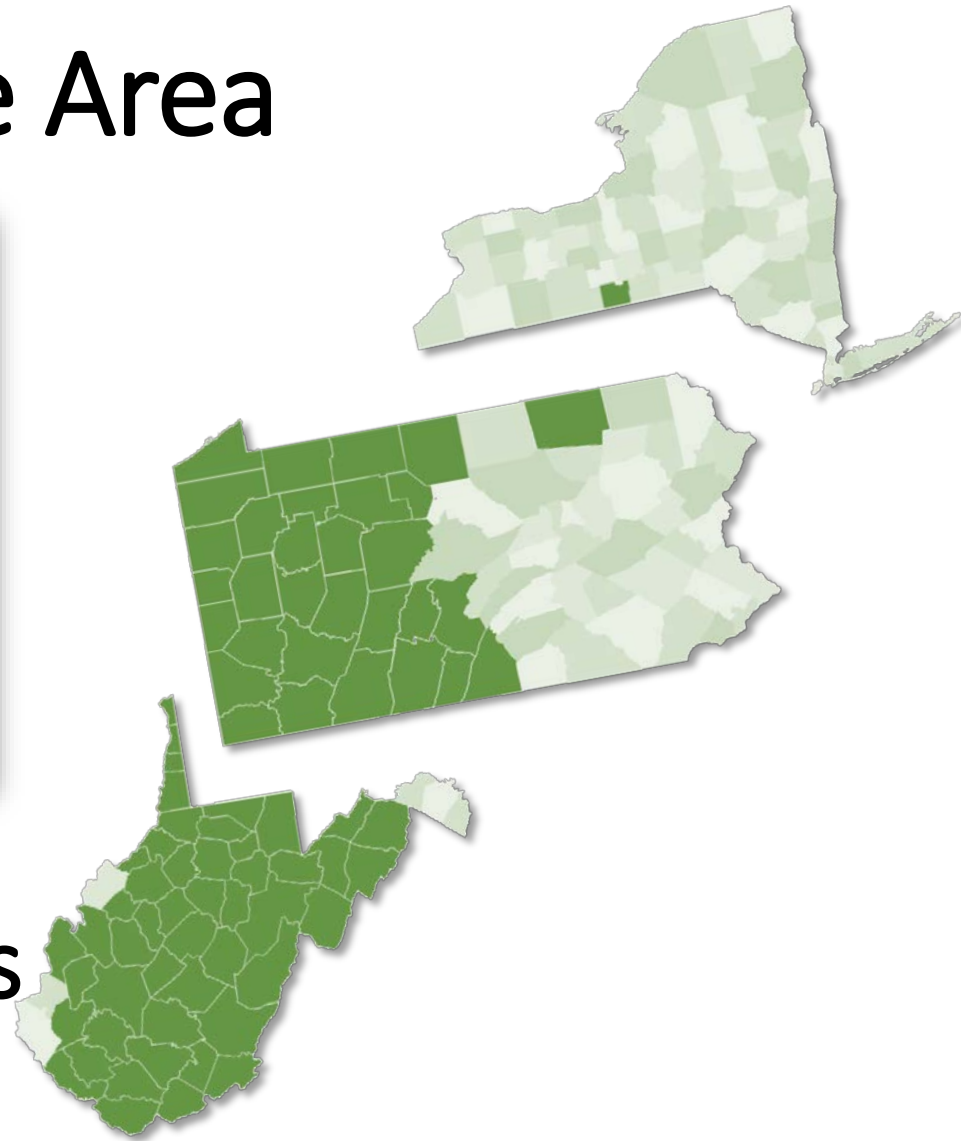
131 Acute Care Hospitals





Center for Organ Recovery & Education

# Service Area



5.2 Million Residents  
150 Hospitals



# Organ Transplant Wait List Candidates

- March 2018 -

**114,782**

**Total waiting in U.S.**

**CORE**

**1,405 PA Residents Waiting**

**3,721 PA Residents Waiting**

**GIFT of LIFE**  
DONOR PROGRAM  
THE REGION'S ORGAN & TISSUE TRANSPLANT NETWORK

## 5,317 Wait Listed in PA

4,311	Kidney	89	Kidney + Pancreas
493	Liver	58	Pancreas
139	Lung	33	Intestine
134	Heart	3	Heart + lung

\*Source: Based on OPTN data as of March 5, 2018. Count based upon candidates.

Candidates - A patient who is waiting at more than one center, or for multiple organs, is counted as only one candidate. Totals may be less than the sums due to patients included in multiple categories.

# Organ and Tissue Donation

Families give  
the gift of  
life...

*if only we  
give them the  
opportunity.*

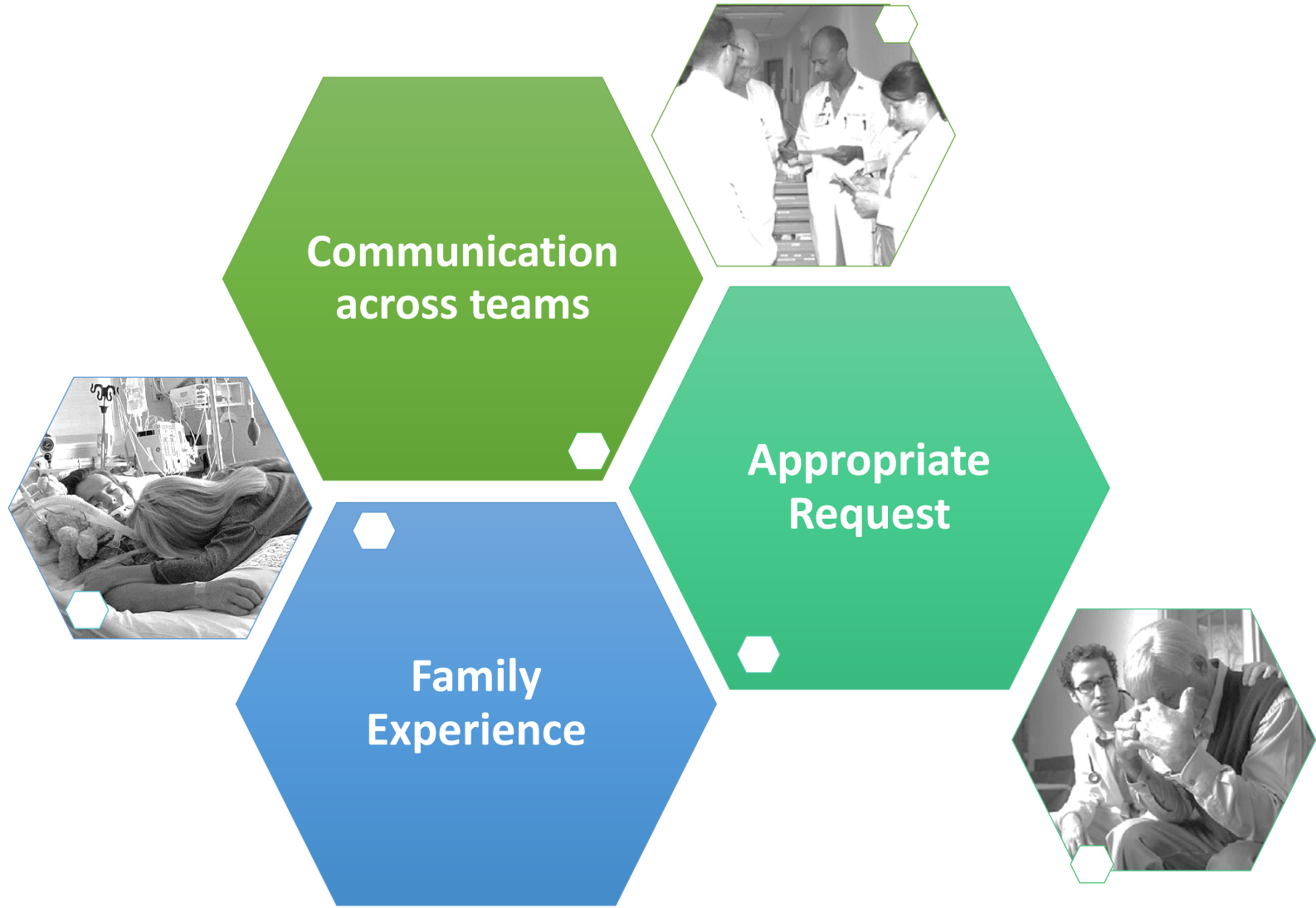


# Polytrauma Organ Donors

(yes, it happens)



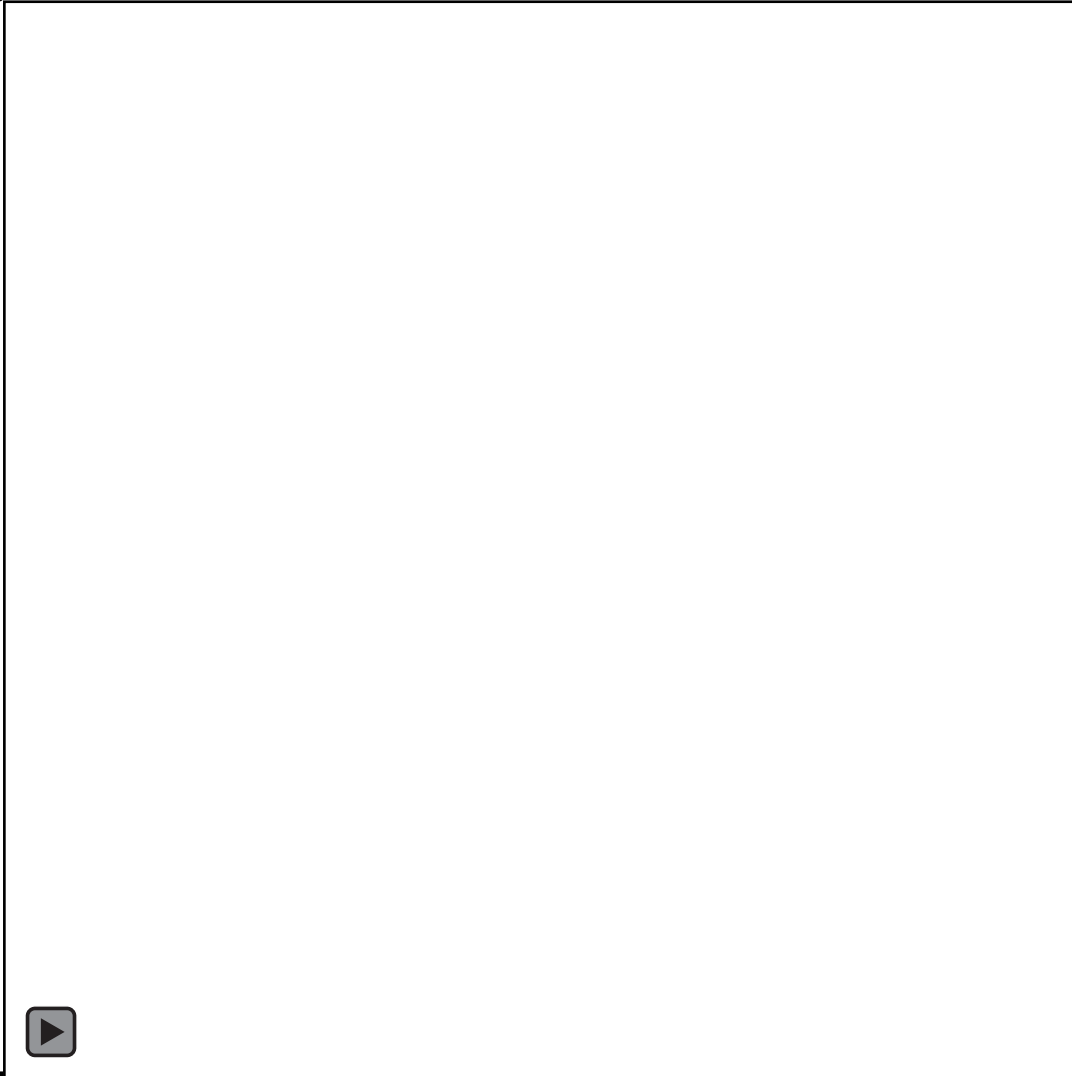
# Clinical Touchpoints: Trauma to Transplant



# 21 y/o M, s/p unrestrained MVC



# Post-Op CTH



# 21 y/o M, s/p unrestrained MVC

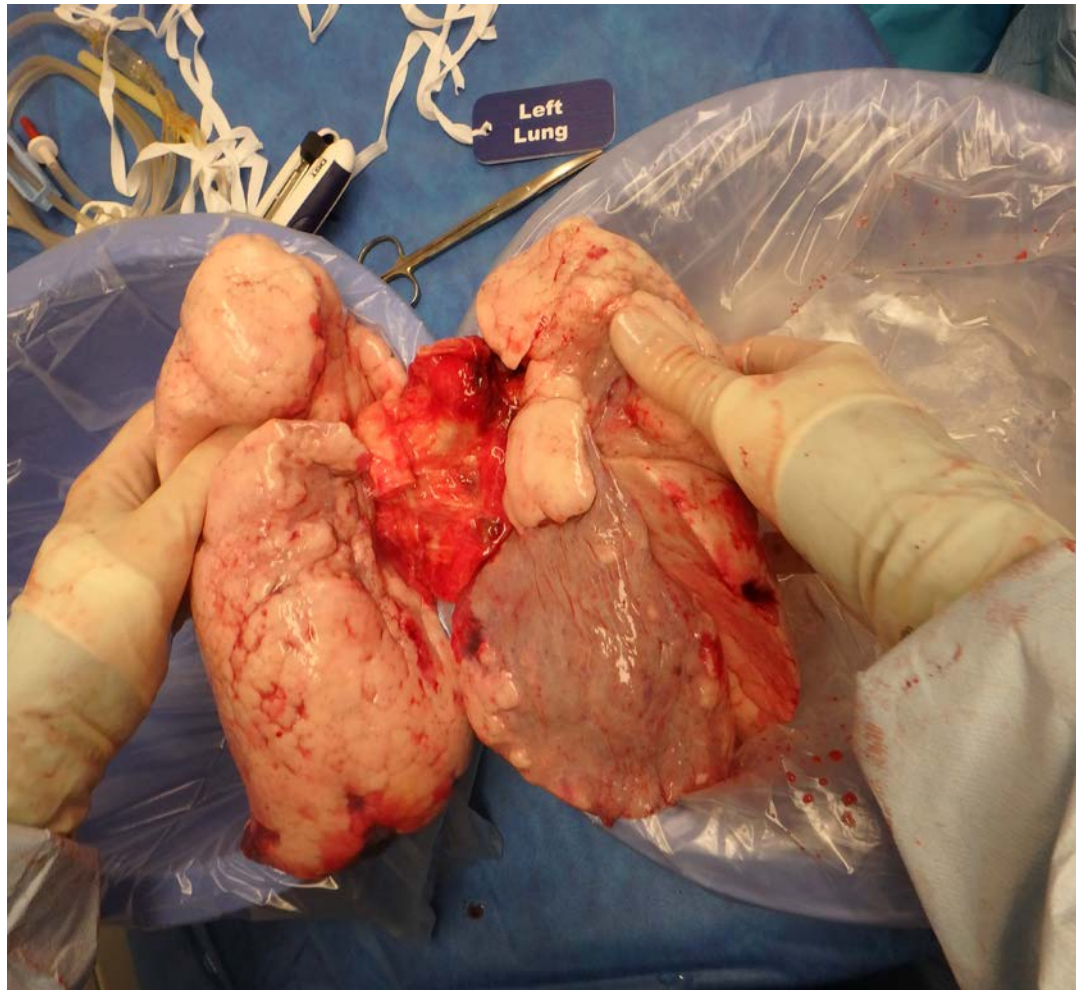
# 21 y/o M, s/p unrestrained MVC

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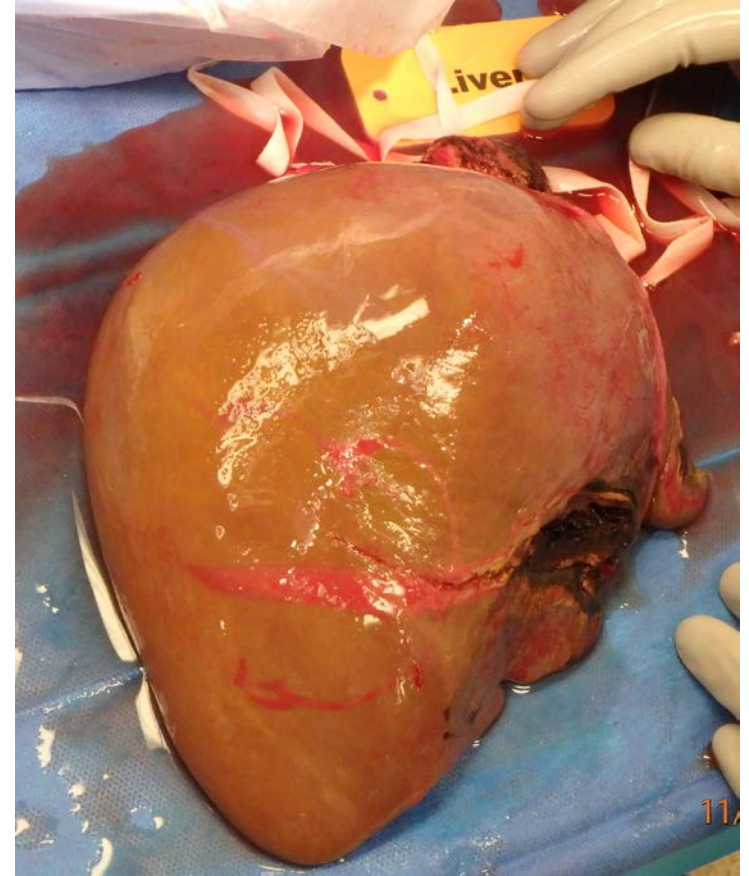
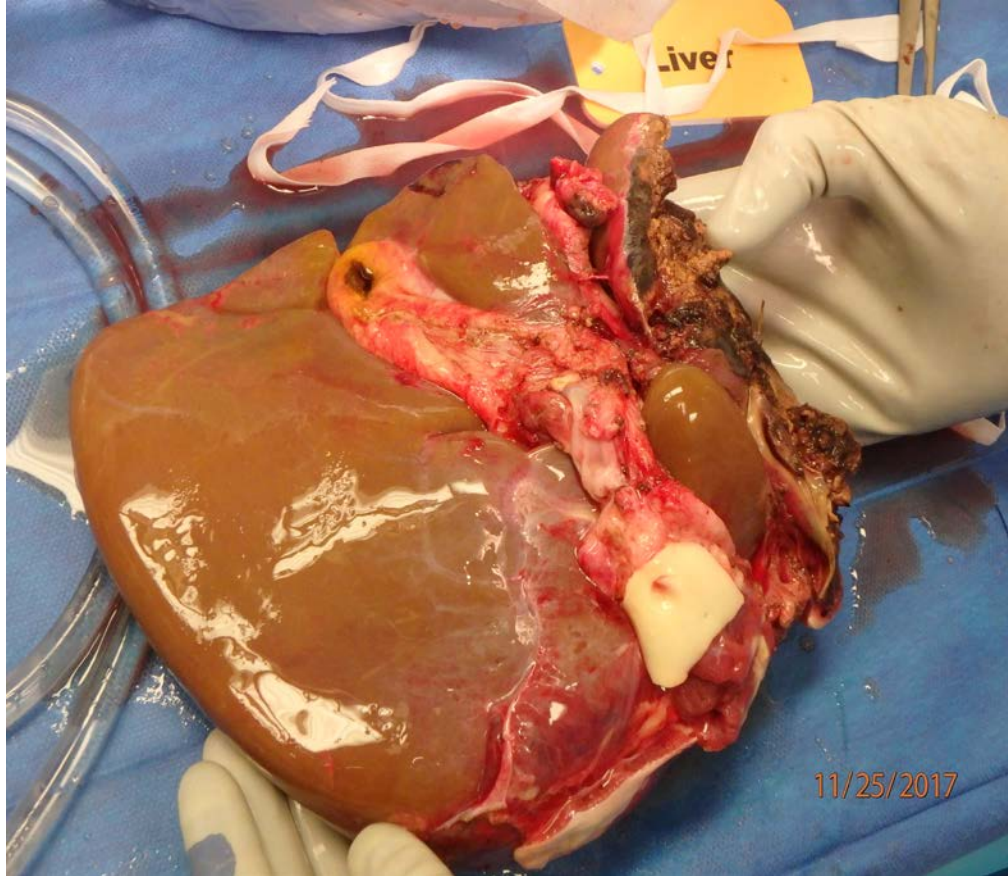
<b>BD Pronounced:</b>	11/23 @18:23
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<b>Procurement:</b>	11/25 @ 09:17
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# 21 y/o M, s/p unrestrained MVC



# 21 y/o M, s/p unrestrained MVC





# 21 y/o M, s/p unrestrained MVC

- **Heart:** 58 y/o father of 2
- **L Lung:** 72 y/o father of 4
- **R Liver segment + R Kidney:** 51 y/o father of 2
- **L Kidney:** 43 y/o retired Navy vet



# When to Call your OPO

- At the first indication the patient has suffered a non-recoverable neuro injury/illness (pt. begins to lose some neuro reflexes)
- Prior to the first formal brain death examination
- Prior to family discussion of DNR or withdrawal of support
- Patient has suffered: Head Trauma, Anoxia, CVA



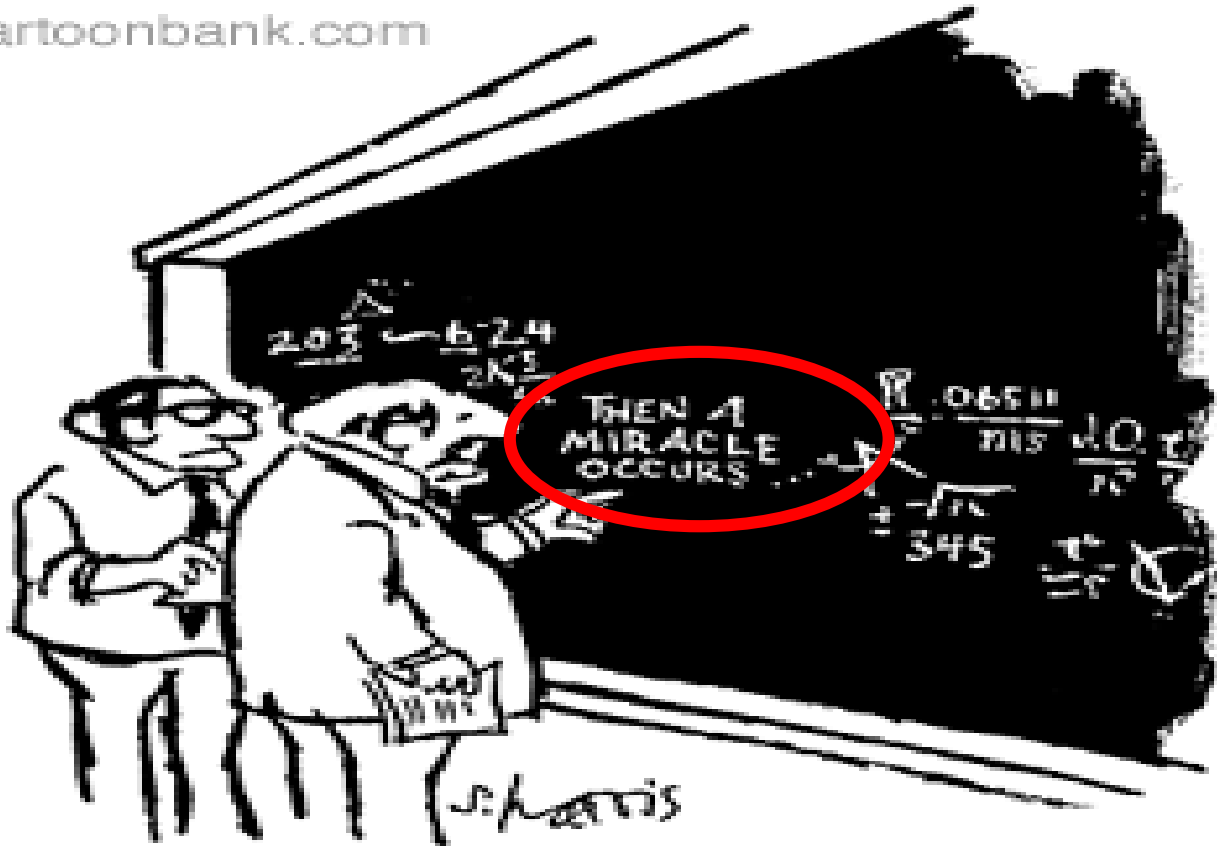
1-800-KIDNEY-1



1-800-DONORS-7

# How to Achieve a 75% Conversion Rate?

© Cartoonbank.com



**"I think you should be more explicit here in step two."**

# Identification of the Problem

## Data Analysis





# Donation Metrics Glossary

## Process Measures

- **Referral Rate**: # of potential organ donors who are **referred** as a percent of all potential organ donors.
- **Timely Notification Rate**: # of potential organ donors referred in time for onsite intervention by Gift of Life or CORE
  - *Prior to a brain death exam; prior to healthcare team approaching family re: w/d of support as a percentage of all potential organ donor referrals.*
- **Planned Approach Rate**: # of requests initiated by Gift of Life/ CORE coordinator or family, not by hospital staff, as a percentage of all families approached

## Outcome Measures

- **Conversion Rate**: Number of potential organ donors ÷ all potential organ donors

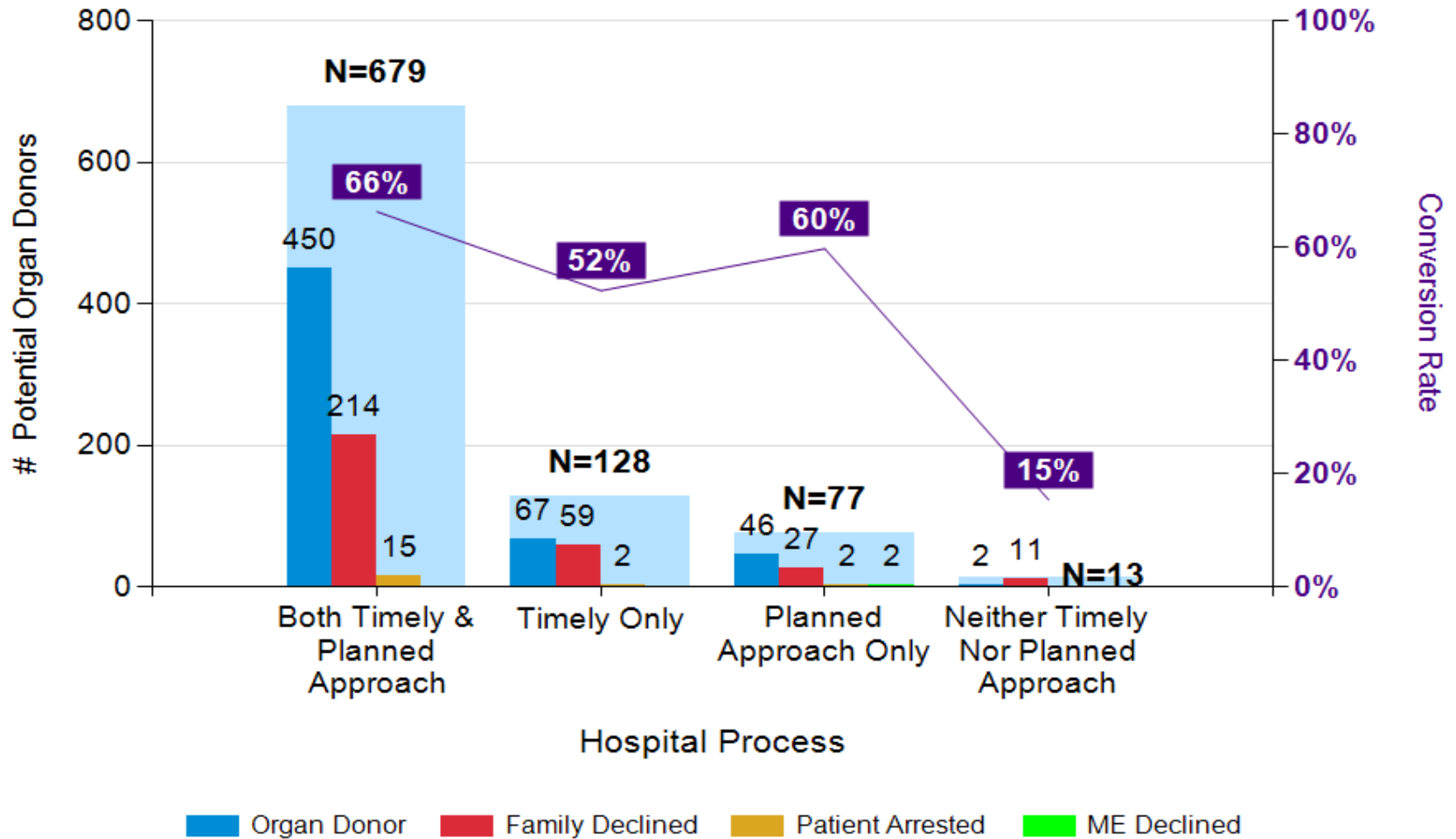
# The Approach: Who asks matters

**Table 4:** Significant univariate associations between requestor characteristics and donation decision

		Donation decision		Statistical analysis
		Yes (n = 147)	No (n = 138)	
Person who first mentioned donation	OPO personnel	39 (72.2)	15 (27.8)	Chi square (2) = 43.03, p < 0.0001
	Non-OPO professional†	54 (34.2)	104 (65.8)	

Rodrigue, J. R., et al. "Organ Donation Decision: Comparison of Donor and Nondonor Families." *American Journal of Transplantation*, vol. 6, no. 1, 2006, pp. 190–198.,

# 897 Potential Organ Donor Approach Outcomes by Hospital Process Metrics 1/1/2017 - 12/31/2017



# SIX SCENARIOS THAT TRIGGER A DONATION DISCUSSION

Family Understands Death/  
Non-Survivable Nature of Injury  
(no hope for survival)

The family indicates that they understand patient has died and/or that they have no hope for patient's meaningful survival (can occur *prior* to formal brain death pronouncement or prior to final withdrawal meeting).

Brain Death Pronounced  
(Family Verbalizes  
Understanding)

Patient has been pronounced brain dead; family has been given this news and time of death. Verbalizes understanding that the patient is dead.

Decision Made to  
Limit, Decelerate or  
W/D Treatment

The family indicates that they want to limit, decelerate, or withdraw medical treatment (action may compromise or limit opportunity for donation).

Care Team  
Shares Donation  
Opportunity with Family

Any member of the health care team member mentions the opportunity for donation with a family or initiates a donation conversation without GLDP being present. Not optimal practice.

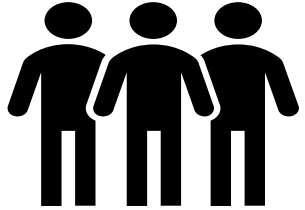
Family  
Brings Up  
Donation

The family mentions donation or expresses an interest in talking about donation.

Pulmonary or  
Hemodynamic Instability  
(*On the Verge of Coding*)

The patient suffers pulmonary and/or hemodynamic instability, which may result in compromising the family's and their loved one's donation opportunity.

# Team Huddle for Optimal Communication



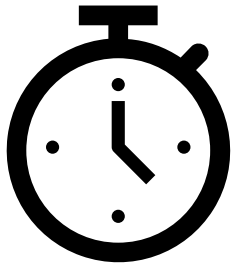
An OPO Coordinator (with a designated member of the care team) will facilitate the team huddle at important junctures of the case. Huddles should include key OPO & hospital staff (physician, bedside nurse, support staff)

## Key Points of discussion:

- Patient status, clinical plan, & donation options
- Family communication & support needs
- Next steps

## Team Huddles should occur:

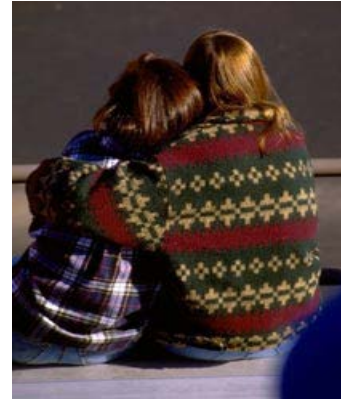
- After medical eligibility established
- Shift change
- Prior to any family approach
- At the request of any team member





# Family Support

“The family are not just visitors to the ICU; they are an extension of our patient and therefore experience the process of care along with their loved ones.”



# Emotional Considerations in Trauma

- Recipients of sudden & severe information
- Emotionally turbulent environment
- Collateral/ co- victim(s)
- PTSD
  - Prevalent in ICU setting
  - Related to sudden grief & mechanism of death
  - Increased in individuals whose loved one sustained “violent” death vs. “natural” death

# Why Does It Matter?

Table 2 Our family chose to donate because . . .

Response	%
Something positive could result from our loss.	75
It would help someone else have a better quality of life.	71
Our loved one could still have an impact on life.	58
Our loved one said he/she wanted to be a donor.	50
It was consistent with our loved one's life of helping others.	49
It would be a memorial to our loved one.	37
It was indicated on loved one's driver's license.	28
Other	0.02
My loved one was registered on the Donate Life Web site.	0.005

Table 1 What has been helpful in dealing with your grief?

Response	%
Family support	84
Friend's support	74
Religious/cultural beliefs	37
Letters/resources from organ procurement organization	22
Receiving recipient information	18
Literature about grief and bereavement	13
Professional counseling	13
Support groups	8
Letters to and from organ recipients	7
Phone calls from staff at organ procurement organization	6
Talking with hospital staff	6
Volunteering in the community	4
Drugs and alcohol	2

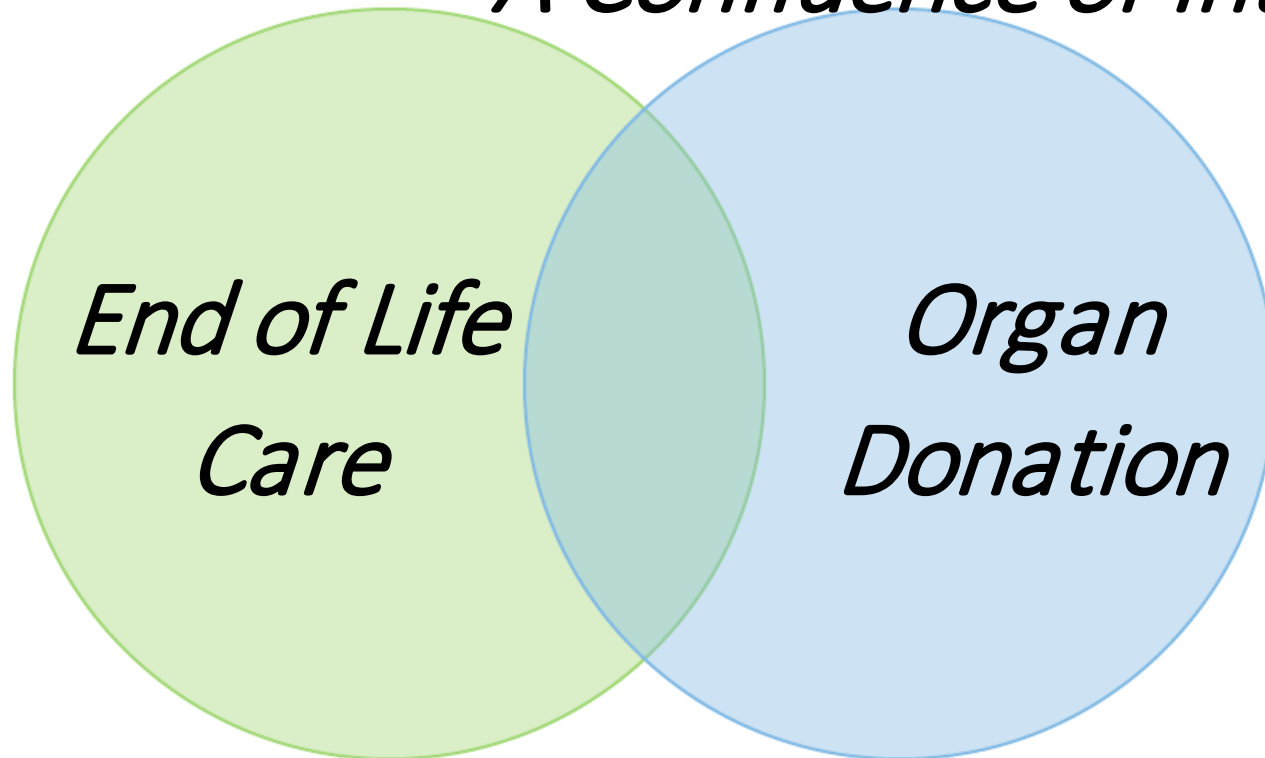
Stouder, D. B., Schmid, A., Ross, S. S., Ross, L. G., & Stocks, L. (2009). Family, Friends, and Faith: How Organ Donor Families Heal. *Progress in Transplantation*, 19(4), 358-361.

# Keys to Success: Top Down Approach

- Donation is integrated into fabric of network
- Leadership is invested in donation outcomes
- Physician champions are engaged
- Nursing leadership involvement
  - Personal calls to staff
  - Kudos when things go well
  - Support during difficult cases
- All hands on deck



# *Compassionate End of Life Care and Organ Donation... A Confluence of Interest*



...Supported by the Hospital Care Team  
and the OPO Professional





*“The care of the donor is essentially the simultaneous care of multiple recipients.”*

Source: Wood et al. Care of the Potential Organ Donor. N Engl J Med 2004; 351: 2730-2739.

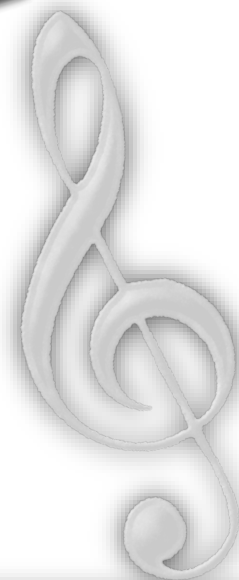


# Ethan's Story: A Life That Lives On





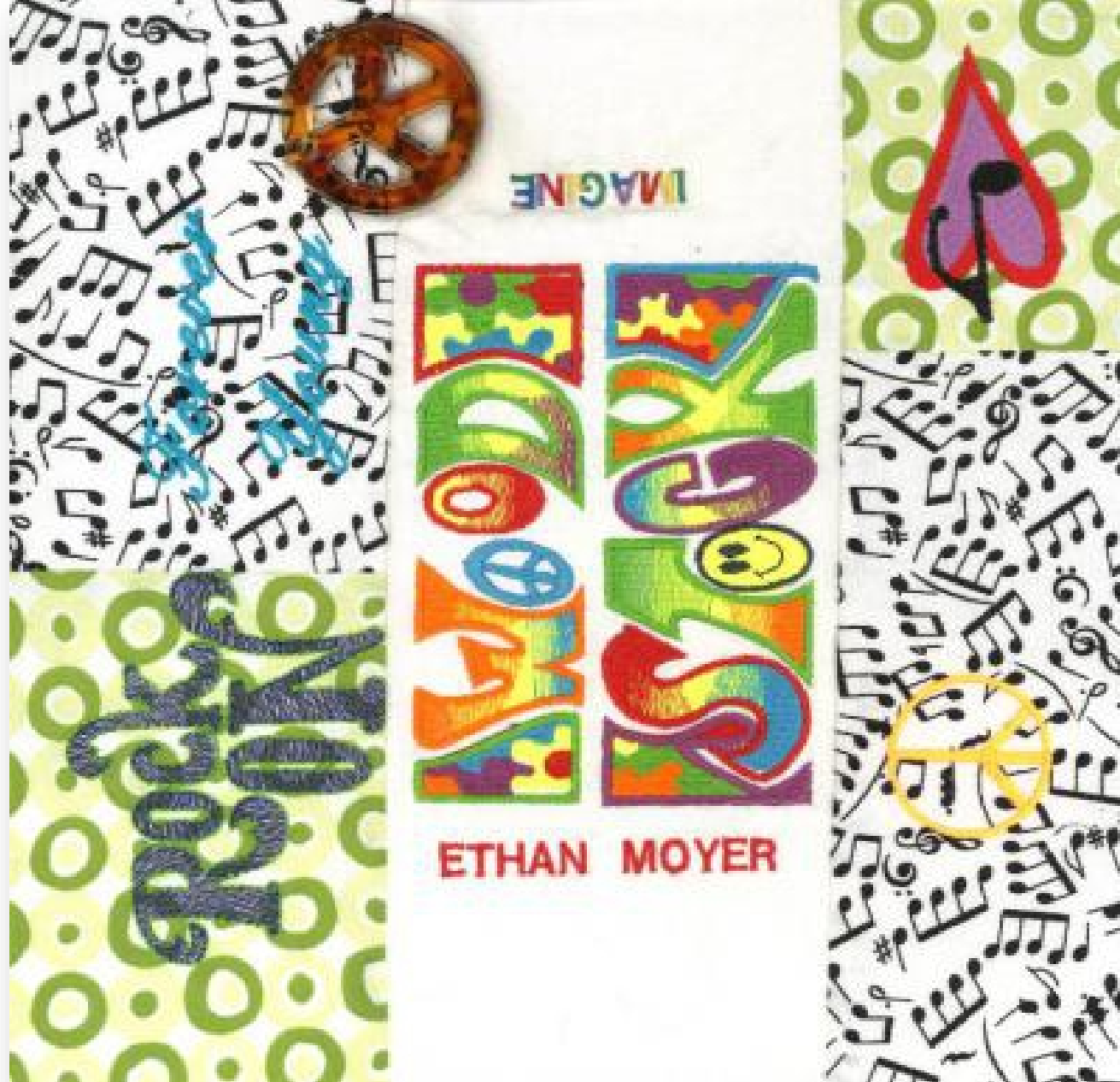
Son



*Ethan Moyer*













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