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- Establish the importance of the role of CDR.
- Enable and empower CDRs to view themselves as donation specialists, dual advocates and members of the healthcare team.
- Establish the importance of intent and belief in dual advocate role.
- Comprehend the philosophical framework for the Dual Advocacy, Value-Centered approach in obtaining consent for organ, tissue and eye donation.
- Demonstrate how traditional (value-neutral) language can be changed to value-centered language and utilized within the context of Dual Advocacy.
- Provide the opportunity to build skill and confidence utilizing value-positive language through scenario-based skills practice.
Overview
LifeSource is the not-for-profit organ procurement organization (OPO) designated by the federal government to manage all aspects of organ donation in Minnesota, North Dakota, South Dakota and portions of Western Wisconsin. LifeSource also manages a comprehensive tissue recovery program throughout the region.

As the bridge between donation and transplantation, LifeSource is committed to saving and enhancing lives through transplantation. LifeSource works to achieve this mission by identifying potential donors, matching donors with recipients, coordinating clinical donation activities, arranging surgical recovery, supporting donor families and increasing public awareness about donation.

Vision
“Everyone shares the gift of life.”

Mission
“LifeSource saves lives and offers hope and healing through excellence in organ and tissue donation.”

Board of Directors
LifeSource’s Board of Directors is comprised of medical professionals, transplant recipients, donor family members and community representatives. Bringing these committed individuals together incorporates a variety of viewpoints, leading to a strong, forward-thinking direction for the organization.

Regional Transplant Centers
LifeSource works with the eight transplant centers in Minnesota, North Dakota, and South Dakota. These regional programs are responsible for completing the donation-transplant process through the transplantation of donated organs. Organs and tissues recovered in the LifeSource region may be transplanted at centers either inside or outside the LifeSource area.

Abbott Northwestern Hospital, Minneapolis, Minnesota
Fairview-University Medical Center, Minneapolis, Minnesota
Hennepin County Medical Center, Minneapolis, Minnesota
Mayo Clinic, Rochester, Minnesota
North Dakota Transplant Center, Bismarck, North Dakota
Transplantation Services of Fargo, Fargo, North Dakota
Avera McKennan Transplant Institute, Sioux Falls, South Dakota
Sanford Transplant Center, Sioux Falls, South Dakota
_LifeSource, Upper Midwest Organ Procurement Organization_
2550 University Avenue West
Suite 315 South
St. Paul, MN  55114
Phone:  651.603.7800
Toll-Free:  1.888.5.DONATE
Fax:  651.603.7801

_LifeSource Website_
www.life-source.org

_LifeSource Healthcare Professional Resource Website_
www.mydonationresource.org

_LifeSource Blog: The Source_
http://donatelife.wordpress.com/

_LifeSource Regional Offices_

**Rochester, Minnesota**
Wells Fargo Center, 21 1st Street S.W.
Suite 310
Rochester, MN  55902
Phone:  507-255-7290 or 1.888.5.DONATE
Fax:  507-255-7228

**Duluth, Minnesota**
1.888.5.DONATE

**Sioux Falls, South Dakota**
800 East 21st Street, Sixth Floor
Sioux Falls, SD  57105
Phone:  605-322-8811 or 1.888.5.DONATE
Fax:  605-322-8809

**Rapid City, South Dakota**
1.888.5.DONATE

**Bismarck, North Dakota**
1.888.5.DONATE

**Fargo, North Dakota**
1.888.5.DONATE
Confidentiality

Organ and tissue donation is confidential. There are occasions, however, when donation is considered “newsworthy.” LifeSource developed the following position statement to help Certified Designated Requestors respond in these situations. Please feel free to copy and share the position statement with any hospital staff who might find it helpful (see “Organ and Tissue Donation: Maintaining Confidentiality”).

LifeSource Position Statement
Organ & Tissue Donation: Maintaining Confidentiality

Confidentiality
The clinical experience of donation is often a unique opportunity for medical professionals and hospital employees. News of it is sometimes exciting and intriguing for the public as well. The following guidelines will help you maintain confidentiality in the cases of organ and tissue donation:

- The American Hospital Association confidentiality guidelines apply for all patients including patients who have died, individuals who become donors, donor families, and transplant recipients.
- Donation is a private decision made by donors and family members. Knowledge about this decision and the status of the donation process must be confined to those hospital employees directly involved in the medical care and surgical procedure.
- Many donor families and recipients DO NOT want to know each other’s identity. As such, it is important to respect their right to confidentiality.
- LifeSource practice is to comply with all applicable laws regarding confidentiality.

What is my responsibility as a hospital employee?
Hospital personnel and LifeSource staff must keep all information confidential concerning both donors and transplant recipients. This includes laboratory, medical, social, and other related information. Communications about the donation remain confidential to the public as well as to hospital employees who are not directly involved in the donation coordination. Decisions a family makes after their loved one has died are also confidential.
Time of death

The time of death is the time when the physician has declared brain death. Brain death, like cardiac death, is death. Follow your hospital’s policy authorizing the release of specific information, such as date and time of death, after the family has been informed of the patient’s death.

What if the news media inquires about a case?

If the media contacts the hospital public relations department, the hospital spokesperson may find it necessary to make a statement to the press. The following is a suggested statement:

“We are unable to confirm or deny a donation took place. All medical records are confidential. The goal of our hospital is to protect the right of privacy to all patients and their families.”

Although LifeSource and your hospital are unable to offer specific information about donor cases, we can offer general information about organ and tissue donation. LifeSource is always available to provide guidance and is willing to talk with news reporters in your community.

If donor families approach the news media

Donor families may, on occasion, choose to approach the news media with their personal story. If appropriate, hospital staff should help the donor family understand that if news about the organ donation is publicized, they run the risk that the transplant recipients and their families may draw conclusions about the identity of the donor.

Knowing that confidentiality may be jeopardized, LifeSource encourages donor families to wait at least six months to a year before talking with the media. This lapse in time helps to protect the confidentiality of the transplant recipients.

Please call LifeSource, if you have any questions about organ and tissue donation and confidentiality.
LifeSource and Health Insurance Portability and Accountability Act (HIPAA) of 1996

In response to the 1996 HIPAA legislation and hospital’s request for signed Business Associate Agreements, LifeSource developed the following position statement to help hospital staff respond to questions regarding this issue. Please feel free to copy and share the position statement below with any hospital staff who might find it helpful.

**LifeSource Position Statement**

LifeSource is exempt from HIPAA regulations and is neither a “Covered Entity” nor a “Business Associate” of a Covered Entity.

The final HIPAA regulations state that the procurement or banking of organs, blood, sperm, and eyes or any other tissue or human product is not considered to be health care. As a result, the organizations that perform these activities would not be considered health care providers when conducting these functions. Consequently, LifeSource should not be regarded as a “Health Care Provider” and therefore, should not be considered to be a “Covered Entity” and subject to HIPAA.

The final regulations further state that when an OPO is receiving information from a hospital, it is not considered a Business Associate of the hospital and is not required to comply with HIPAA’s Business Associate provisions. Consequently, LifeSource is not required to comply with HIPAA’s Business Associate provision in carrying out the organ and tissue procurement functions described above.
Financial Reimbursement of Expenses

Donor families are not responsible for costs related to the donation. All charges related to the donation process are the responsibility of LifeSource. However, the donor family is responsible for costs incurred up to and including the pronouncement of brain death. Families are also responsible for burial costs.

Please contact LifeSource at the following address or phone number with any questions regarding reimbursement of expenses related to organ or tissue donation.

LifeSource
2550 University Avenue West, Suite 315 South
St. Paul, MN 55114-1904
Phone: 651-603-7800
Fax: 651-603-7801

Note: This is not the phone number to be used to make the referral of a potential organ or tissue donor.
Legislative Overview

Legislation regulating transplantation

Organ transplantation is the only medical therapy that is currently regulated entirely by law. From donation to transplantation, the federal government (and to some extent, the state governments) monitor the administrative and financial aspects of this process. These regulations ensure that organs are shared on a fair and equitable basis. In addition, the responsibilities and functions of healthcare professionals are sanctioned and safeguarded by these laws so that their responsibilities may be discharged with assurance and protection medically, legally, and ethically.

Donor Designation (Implemented 2003)

- Each state in the LifeSource region has adopted legislation which specifies that the donor designation on a driver’s license represents conclusive evidence of intent to donate at the time of death.
- Donor Designation refers to an individual’s documentation of intent to donate their organs, tissues, and eyes after their death. This may be documented on:
  - A driver’s or chauffeur’s license;
  - A state-issued identification card;
  - A will;
  - An advanced directive;
  - A donor card or other writing, signed by the individual, intended to make an anatomical gift.
- The donation programs will do everything possible to ensure that the individual’s wishes regarding donation are fulfilled. Donation may proceed with a properly documented donor designation that has not been revoked by the decedent.

Centers for Medicare & Medicaid Services – Conditions of Participation (1998)

- Hospitals must have a signed agreement with an Organ Procurement Organization (OPO), tissue bank and eye bank.
- Hospitals must notify the OPO of all imminent deaths and cardiac deaths in a timely manner (ideally within one hour).
- The procurement agency determines medical suitability for donation.
The hospital collaborates with OPO, tissue and eye agencies to ensure that the family of each potential donor is informed of their options to donate organs, tissues or eyes or to decline donation.

To ensure an informed decision, OPO staff or individuals trained by the OPO discuss donation with the family and obtain authorization.

Hospitals must work cooperatively with the donation programs in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors while necessary testing and placement of organs and tissues take place.

**Omnibus Budget Reconciliation Act of 1986**

- Federal mandate that organ procurement organizations (OPOs) coordinate the procurement and transplantation process at local levels. Required hospitals to be affiliated with a federally mandated OPO. There will be no more than one designated organ procurement organization per service area.

- Required that all families of potential donors be approached for donation. This act gave families the right to know about organ and tissue donation by mandating that all hospitals participating in the Medicare or Medicaid reimbursement program institute a “required request” policy to assure that families of potential donors are made aware of the option of organ or tissue donation and their option to decline.

- Mandated compliance with United Network for Organ Sharing (UNOS).

**National Organ Transplant Act (1984)**

- Made it illegal to buy or sell organs and tissues.

- Established the National Organ Procurement and Transplant Network (OPTN) and the national Scientific Registry of Transplant Recipients; in 1986 UNOS was awarded the contract from the government to manage the OPTN.

- The 1984 National Organ Transplant Act established the Task Force on Organ Transplantation, which in 1986, published its landmark report on the medical, legal, social, ethical, and economic aspects of organ procurement and transplantation.

- The outgrowth of these recommendations is today’s organ procurement organizations and the system established and regulated by UNOS, as follows:
  - Guidelines for fair and equitable transplantation;
  - Proposed required request;
  - Proposed organ procurement organizations.
Uniform Determination of Death Act (1980)

- Federal act states that an individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.

- Since this time, most states, including Minnesota, North Dakota, South Dakota, and Wisconsin, have all adopted similarly worded Determination of Death Acts in their State Statutes.


- Established the legality of organ and tissue donation and donor designation; as well as the priority of legal next-of-kin for authorization in the absence of donor designation.

- Required that the physician pronouncing or certifying death may not in any way participate in the procedures for removing or transplanting anatomical gifts.

- Protects healthcare professionals from liability associated with donation.

- 1987 Amendment: Required that hospitals establish agreements with an organ procurement organization to coordinate procurement.

- Prohibits the sale or purchase of organs or tissues.

- New classes in hierarchy; expanded to include agents, adult grandchildren and close friends.

- Medical examiner provisions to maximize donation opportunities.

- Requires states to establish donor registries/database that allows a person to designate their donation wishes; must be accessible 24/7 to donation agencies.
Frequently Asked Questions and Answers
On Organ and Tissue Donation

How serious is the organ shortage?
The need for organs continues to grow at an alarming rate and is truly a public health crisis. There are currently more than 110,000 men, women, and children in the United States waiting for a life-saving transplant. More than 3,000 of these individuals live in the Upper Midwest. Every 12 minutes another name is added to the national waiting list, and each day 18 people die while they wait for their transplant.

How do I become an organ and tissue donor?
Marking your intentions to become an organ and tissue donor on your driver’s license or state ID card will ensure that your wishes are fulfilled. Talk with your family about your decision so they can be prepared to support and honor your wishes.

What if my driver’s license isn’t marked with a “yes”?
In the absence of known donor designation, LifeSource will seek authorization for donation from the next-of-kin. Therefore, it is extremely important that you share your wishes with your family as they can ensure that your wishes are fulfilled.

What can be donated?
Organs: Heart, lungs, kidneys, pancreas, liver and intestines.
Tissue: Corneas, skin, veins, tendons, bone, bone marrow, heart valves and connective tissue.

What are the benefits of organ and tissue donation?
Families who make the decision to extend the gift of life often find that donation helps them through their grieving process. Donation is something positive that can come from the death of a loved one. One person can save or enhance up to 60 lives through organ and tissue donation.

Should my age or health condition influence my decision to become an organ and tissue donor?
No. While medical history and age are factors, most people CAN donate. People with diabetes, hepatitis, and cancer sometimes CAN donate their organs. The only individuals who cannot donate are those who test positive for the HIV virus. Age criteria are evaluated individually.

What are the criteria for becoming an organ and tissue donor?
Organs and tissues can only be donated after death. Age and health criteria are evaluated on an individual basis at the time of death; everyone should consider themselves a potential organ and tissue donor.
Will my body look different if I donate my organs and tissues?
Donation is a surgical procedure. As in any other medical procedure, the body is treated with great respect and dignity.

Will my family have to pay for the cost of my organ and/or tissue donation?
There is no cost to the donor family for donation. All expenses related to organ and tissue donation are assumed by LifeSource and passed on to the transplant recipients and their health insurers.

Does my religion support organ and tissue donation?
Most major religions support organ and tissue donation as one of the highest forms of loving, giving and caring – the principles upon which all religions are based.

If I am a donor, will I be able to have a regular, open-casket funeral service?
Donation does not prevent an open-casket funeral service.

If I’m carrying a donor card, or if “Donor” is on my driver’s license and I am admitted to a hospital, will they let me die so they can recover my organs?
No. The first responsibility of medical professionals is to save lives, and every effort will be made to save your life before donation is considered. Organ and tissue donation is offered as an option to your family only after all lifesaving measures have failed and you have been declared legally dead.

Can organs and tissues be recovered prior to death?
No. Donation is only an option after death has been declared.

How are organs distributed to patients waiting for organ transplants?
Every person waiting for an organ transplant is registered with UNOS, the United Network for Organ Sharing. The organ procurement organization works with UNOS to fairly allocate organs based upon medical urgency, genetic matching and length of time waiting.

Is there a “black market” for organs in the United States?
No. It is illegal to buy or sell human organs and tissues in the United States (Anatomical Gift Act of 1968). In addition, every organ and tissue donation and transplant is reviewed by a national governing body. Strict regulations prevent any type of "black market" from existing in the United States.

Do the rich and famous have a better chance of receiving a transplant?
Eligibility to receive an organ transplant is not determined by a person's financial status or celebrity. After a patient has been determined to be a medically-suitable candidate for an organ transplant, their name is added to the national computer waiting list. Organs are fairly allocated based upon medical criteria, genetic matching, and length of time on the waiting list.
Will the identity of the organ donor be revealed to the transplant recipient?
The identities of both the recipient and the donor family are confidential. The LifeSource coordinator sends a letter to the donor family informing them about the organ recipients such as their age and sex, and how their health has improved. Some donor families and recipients correspond anonymously. On occasion, when both sides wish to correspond directly or meet, LifeSource will help facilitate the communication or meeting.

Why should minorities be especially concerned?
Some diseases of the kidney, heart, lung, pancreas and liver are found more frequently in racial and ethnic minority populations. Transplantation between people who are strong genetic matches is generally more successful. Recipients have a better chance of finding a match from their same racial group. Approximately 50 percent of all people on the waiting list are minorities while only 25 percent of all donors are minorities.
Religious Views on Organ and Tissue Donation

Most major religions support organ and tissue donation. The underlying thought connecting various denominations is that organ and tissue donation represents one of the highest forms of loving, giving, and caring - the principles upon which all religions are based. Please contact your clergy for more information.

PROTESTANTISM
Because of the many different Protestant denominations, a generalized statement on their attitudes toward organ and tissue donation cannot be made. However, the denominations all share common belief in the New Testament (Luke 6:38 *Give to others and God will give to you*). The Protestant faith respects individual conscience and a person’s right to make decisions regarding his or her own body.

ROMAN CATHOLIC
Catholics view donation as an act of charity, fraternal love and self-sacrifice. Transplants are ethically and morally acceptable to the Vatican. Pope Benedict XVI is a registered organ and tissue donor.

JUDAISM
Judaism teaches that saving a human life takes precedence over maintaining the sanctity of the human body. Organ donation is the only mitzvah, or good deed, an individual can perform after death. According to Moses Tendler, Ph.D., an Orthodox Rabbi and Chairman of the Bio-Ethics Commission of the Rabbinical Council of America, “If one is in the position to donate an organ to save a life, it’s obligatory to do so, even if the donor never knows who the beneficiary will be.”

AME & AME ZION (African Methodist Episcopal)
Organ and tissue donation is viewed as an act of neighborly love and charity by these denominations. They encourage all members to support donation as a way of helping others.

AMISH
The Amish will consent to donation if they believe it is for the well-being of the transplant recipient. John Hostetler, world renowned authority on Amish religion and Professor of Anthropology at Temple University in Philadelphia, says in his book, *Amish Society*, “The Amish believe that since God created the human body, it is God who heals. However, nothing in the Amish understanding of the Bible forbids them from using modern medical services, including surgery, hospitalization, dental work, anesthesia, blood transfusions or immunization.”

ASSEMBLY OF GOD
The Church has no official policy regarding organ and tissue donation, but the decision to donate is left up to the individual. Donation is highly supported by the denomination.
BAPTIST
 Donation is supported as an act of charity and the church leaves the decision to donate up to the individual.

BRETHREN
 The Church of the Brethren’s Annual Conference in 1993 developed a resolution on organ and tissue donation supporting and encouraging donation. They wrote that, “We have the opportunity to help others out of love for Christ, through the donation of organs and tissues.”

BUDDHISM
 Buddhists believe that organ/tissue donation is a matter of individual conscience and place high value on acts of compassion. Reverend Gyomay Masao, President and Founder of the Buddhist Temple of Chicago, says, “We honor those people who donate their bodies and organs to the advancement of medical science and to saving lives.”

CHRISTIAN CHURCH (Disciples of Christ)
 The Christian Church encourages organ and tissue donation, stating that individuals were created for God’s glory and for sharing God’s love. A 1985 resolution, adopted by the general assembly, encourages “. . . members of the Christian Church (Disciples of Christ) to enroll as organ donors and prayerfully support those who have received an organ transplant.”

CHRISTIAN SCIENCE
 Christian Scientists normally rely on spiritual means of healing instead of medical. They are free, however, to choose whatever form of medical treatment they desire -- including a transplant. Donation is an individual decision.

EPISCOPAL
 The Episcopal Church passed a resolution in 1982 that recognizes the life-giving benefits of organ, blood, and tissue donation. All Episcopalians are encouraged to become organ, blood, and tissue donors.

GREEK ORTHODOX
 According to Reverend Dr. Milton Efthimiou, Director of the Department of Church and Society for the Greek Orthodox Church of North and South America, “The Greek Orthodox Church is not opposed to organ donation as long as the organs and tissue in question are used to better human life, i.e., for transplantation or for research that will lead to improvements in the treatment and prevention of disease.”

HINDUISM
 According to H.L. Trivedi, in Transplantation Proceedings, “There is nothing in the Hindu religion indicating that parts of humans, dead or alive, cannot be used to alleviate the suffering of other humans.”
INDEPENDENT CONSERVATIVE EVANGELICAL
Generally, Evangelicals have no opposition to organ and tissue donation. Each church is autonomous and leaves the decision to donate up to the individual.

ISLAM
The religion of Islam strongly believes in the principle of saving human lives. According to A. Sachedina in his Transplantation Proceedings’ article, “Islamic Views on Organ Transplantation,” “…the majority of the Muslim scholars belonging to various schools of Islamic law have invoked the principle of priority of saving human life and have permitted the organ transplant as a necessity to procure that noble end.”

JEHOVAH’S WITNESSES
According to the Watch Tower Society, donation is a matter of individual decision. Jehovah’s Witnesses are often assumed to be opposed to donation because of their belief against blood transfusion. However, this merely means that all blood must be removed from the organs and tissues before being transplanted.

LUTHERAN
In 1984, the Lutheran Church in America passed a resolution stating that donation contributes to the well-being of humanity and can be “an expression of sacrificial love for a neighbor in need.” They encourage members to “…consider donating organs and to make any necessary family and legal arrangements, including the use of a signed donor card.” In 1989, the church’s assembly action calls upon congregations to “…lift up this need and encourage members to consider organ donation as part of their stewardship of life’s resources.”

MENNONITE
Mennonites have no formal position on donation, but are not opposed to it. They believe the decision to donate is up to the individual and/or their family.

MORMON (Church of Jesus Christ of Latter-Day Saints)
The Church of Jesus Christ of Latter-Day Saints believes that the decision to donate is an individual one made in conjunction with family, medical personnel, and prayer. They do not oppose donation.

MORAVIAN
The Moravian Church does not have an official policy addressing organ and tissue donation or transplantation. Robert E. Sawyer, President, Provincial Elders Conference, Moravian Church of America, Southern Province, states, “There is nothing in our doctrine or policy that would prevent a Moravian pastor from assisting a family in making a decision to donate or not to donate an organ.”

PENTECOSTAL
Pentecostals believe that the decision to donate should be left up to the individual.
PRESBYTERIAN
Presbyterians encourage and support donation. They respect a person’s right to make decisions regarding their own body. During their General Assembly in 1995, they wrote a strong support of donation and commented that they “encourage its members and friends to sign and carry Universal Donor Cards. . .”

SEVENTH-DAY ADVENTIST
Donation and transplantation are strongly encouraged by Seventh-Day Adventists. They have many transplant hospitals, including Loma Linda in California. Loma Linda specializes in pediatric heart transplantation.

SHINTO
In Shinto, the dead body is considered to be impure and dangerous, and thus quite powerful. “In folk belief context, injuring a dead body is a serious crime. . .”, according to E. Namihira in his article, “Shinto Concept Concerning the Dead Human Body.” Families are often concerned that they not injure the itai - the relationship between the dead person and the bereaved people.

SOCIETY OF FRIENDS (Quaker)
Organ and tissue donation is believed to be an individual decision. The Society of Friends does not have an official position on donation.

UNITARIAN UNIVERSALIST
Unitarian Universalists affirm the inherent worth and dignity of every person and respect the interdependent web of all existence. They affirm the value of organ and tissue donation, but leave the decision to each individual.

UNITED CHURCH OF CHRIST
Reverend Jay Litner, Director, Washington Office of the United Church of Christ Office for Church in Society, states that “United Church of Christ people, churches and agencies are extremely and overwhelmingly supportive of organ sharing.”

UNITED METHODIST
The United Methodist Church issued a policy statement in 1984 stating, “The United Methodist Church recognizes the life-giving benefits of organ and tissue donation, and thereby encourages all Christians to become organ and tissue donors as part of their ministry to others in the name of Christ, who gave his life that we might have life in its fullness.”

WESLEYAN CHURCH
The Wesleyan Church supports donation as a way of helping others. They believe that God’s “ability to resurrect us is not dependent on whether or not all our parts were connected at death.”
Biblical Principles in Support of Donation

Transplants are not specifically mentioned in most sacred text because they are a modern development. However, the timeless content of the texts speaks to donation in principle. The following scriptures are selected because of their message of giving, healing and understanding the relationship between human beings.

Genesis 2:20-30 Bone transplant: A rib taken from Adam to give life to Eve
Leviticus 1:7 "Thou shall love thy neighbor as thyself."
Deuteronomy 30:15-20 "Choose life so that you and your descendants may live."
Psalm 8 "How majestic is your name in all the earth!"
Psalm 41 Images of a healing Lord
Psalm 100 Psalm of praise and thanksgiving
Psalm 107 "Consider the steadfast love of the Lord."
Psalm 111 "I give thanks to the Lord."
Psalm 113 Praises to the Lord
Psalm 116 "O Lord, I pray, save my life!"
Psalm 145 "The Lord is gracious and merciful."
Psalm 147 "Sing to the Lord with thanksgiving."
Ecclesiastes 3:1-17 "For everything there is a season..."
Isaiah 35:106 "Strengthen the weak hands, make firm the feeble knees...the eyes of the blind shall be opened."
Isaiah 40:31 "But those who wait for the Lord shall renew their strength...they shall run and not be weary, they shall walk and not faint."
Ezekiel 37 The valley of dry bones: “These bones shall live.”
Matthew 5:7 “Blessed are the merciful.”
Matthew 7:7 “Ask...seek...knock.”
Matthew 7:12 “In everything do to others as you would have them do to you...”
Matthew 25:31-46 Caring for the stranger
Luke 4:16-21 “…recovery of sight to the blind”
Luke 6:37-38 “Give and it will be given to you”
John 3:16-17 “God so loved the world that He gave...”
John 10:10 “I came that they may have life, and have it abundantly.”
John 15:12-17 “This is my commandment, that you love one another as I have loved you.”
II Corinthians 9:6-8 “Each of you must give as you have made up your mind, not reluctantly or under compulsion, for God loves a cheerful giver.”
I John 4:11 “Beloved, since God loved us so much, we also ought to love one another.”
Revelation 21:4-5 In eternity we will not need our earthly bodies: “Former things will pass away, all things will be made new.”
Check Your Vocabulary: Tips for Sensitive Language

Language plays an important role in the misconceptions and fears about organ and tissue donation. It is important for us to remember to keep the feelings of donor families in our mind when we write or talk about donation. As of May 2004, the following terminology was approved by the Association of Organ Procurement Organizations (AOPO) Donor Family Council.

Please use:

“Recover” organs or “Surgical Recovery” of organs instead of “harvest” or “harvesting” of organs.

The public at large associates the word “harvest” with crops, crows, and combines. This word has a negative subtext when connected with donation. The word “recovery” helps people understand that the removal of a loved one’s organs for transplant is a respectable surgical procedure.

“Deceased Donor” or “Deceased” Donation instead of “cadaver” or “cadaveric”

Today, as more people choose to become living donors, there is a need to distinguish between living and deceased donors. The term cadaveric depersonalizes the fact that a gift was offered to someone upon an individual’s death. Webster defines cadaver as “dead bodies intended for dissection.” It can be very difficult for donor families to hear their loved one spoken of in this regard.

“Mechanical Support” or “Ventilated Support” instead of “Life Support”

There are two ways to determine death: cardiac death (when the heart stops functioning) and brain death (when the brain stops functioning). The term “life support” proves to be a confusing term when used in conjunction with brain death. When death occurs, there is no support that can make the individual live again. In the presence of brain death, an individual may share the gift of life with others through organ donation. The organs are perfused with oxygen for several hours through “mechanical” support.

“Mechanical” or “ventilated support” are appropriate terms for the support given a deceased person in the event of organ donation.
Resources for Additional Information on Donation

The following organizations will help you learn more about organ, tissue and eye donation, and will also provide information and website links to other sites concerning donation and transplantation.

**LifeSource**  
[www.organdonation.org](http://www.organdonation.org)  
The non-profit organization dedicated to saving lives through organ and tissue donation in the Upper Midwest.

**Coalition on Donation**  
[www.shareyourlife.org](http://www.shareyourlife.org)  
Information on organ and tissue donation, including links to many donation and transplant websites

**United Network for Organ Sharing (UNOS)**  
[www.unos.org](http://www.unos.org)  
Comprehensive information and statistics about donation, transplants, current issues and developments

**American Association of Tissue Banks (AATB)**  
[www.aatb.org](http://www.aatb.org)  
A non-profit organization that facilitates the provision of high quality transplantable human tissue.

**Eye Bank Association of America (EBAA)**  
[www.restoreight.org](http://www.restoreight.org)  
A non-profit organization of eye banks dedicated to the restoration of sight; also accredits Eye Banks in the United States.

**Department of Health and Human Services Organ Donation Website**  
[www.organdonor.gov](http://www.organdonor.gov)  
Download a donor card and access links to local organ procurement offices.

**My Donation Resource**  
[www.mydonationresource.org](http://www.mydonationresource.org)  
Resources for healthcare professionals; includes real-time donation resources and online learning modules.

**Transweb**  
[www.transweb.org](http://www.transweb.org)  
Large site with numerous links about donation and transplantation

**Transplant Recipients International Organization**  
[www.trioweb.org](http://www.trioweb.org)  
TRIO is comprised of transplant recipients and services the transplant community.
Donation Overview

Organ and tissue donation provides hope for thousands of people with organ failure or tissue diseases and injuries. Improved surgical techniques and new anti-rejection drugs permit the successful transplantation of organs and tissues.

In addition to the benefits that the transplant recipient receives, the bereaved family is presented with opportunities that, in time, may help them cope with the sudden and tragic loss of someone special. One of the benefits for families choosing to donate organs and tissues includes knowing that their loved one’s gift has provided an extension or improvement of the quality of life for another person.

A Few Things to Know About Donation & Transplantation

<table>
<thead>
<tr>
<th></th>
<th>ORGAN</th>
<th>TISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplants per Year*</td>
<td>28,663</td>
<td>1,000,000*</td>
</tr>
<tr>
<td>Potential Donors per Year*</td>
<td>12,000-15,000</td>
<td>224,000*</td>
</tr>
<tr>
<td>Actual Donors per Year*</td>
<td>8,000</td>
<td>25,000*</td>
</tr>
<tr>
<td>Lives Impacted</td>
<td>Life-saving for up to 8 people per donor</td>
<td>Life-saving and improving for approximately 50 people per donor</td>
</tr>
<tr>
<td>Transplantation</td>
<td>Occurs immediately</td>
<td>Occurs within one week for corneas and fresh skin, and prepared tissue as soon as 30 days or up to 5 years</td>
</tr>
<tr>
<td>Recipient Matching</td>
<td>Rigorous matching protocols</td>
<td>Little or no matching protocols needed</td>
</tr>
</tbody>
</table>

* Deceased Donors; * Estimate
Test Your Knowledge

TRUE or FALSE
1. One organ and tissue donor can save or enhance approximately 60 lives.
2. It is important for me to share my wishes about donation with my family.
3. People who are in a coma can donate organs.
4. If I need an organ transplant, my chances are probably better if I am rich and famous.
5. People younger than 50 years old have no risk for organ failure.
6. The human body will try to reject any transplanted organs.
7. If there is DONOR documented on my driver’s license or advanced directive, the doctors won’t try as hard to save my life.

MULTIPLE CHOICE more than one answer may be correct
8. Which of the following organs can be transplanted?
   a. Heart and liver
   b. Sweat glands and the appendix
   c. Kidneys and pancreas
   d. Lungs and small intestine
9. Which of the following tissues can be transplanted?
   a. Bone, skin, and heart valves
   b. Hair, toenails and teeth
   c. Corneas, connective tissue and veins
   d. Kidneys, liver and intestine
10. The number of people on the national waiting list for solid organ transplants?
    a. Is less than 50,000 people
    b. Is exactly 39,756 people
    c. Increases every 13 minutes
    d. Is more than 90,000
11. Organs are matched to potential recipients by the following:
    a. Organ size and blood type
    b. Severity of the patient’s illness and length of time waiting
    c. Genetic tissue matching
    d. Who has the most friends in Hollywood
The Benefits of Organ Donation

One organ donor can potentially help up to eight people. Organ transplants are the treatment of choice for people who are suffering from end-stage organ failure.

<table>
<thead>
<tr>
<th>Organ</th>
<th>Benefits</th>
<th>Diseases of those awaiting Transplant</th>
</tr>
</thead>
</table>
| Heart               | Life-saving replacement of a poorly functioning heart for those with end-stage heart disease. | ▪ Cardiomyopathy
                  |                                                                           | ▪ Congenital defects                |
| Lung(s)             | Life-saving lung replacement for patients with end-stage lung disease.    | ▪ Cystic fibrosis                     |
|                     |                                                                          | ▪ Emphysema                           |
|                     |                                                                          | ▪ Pulmonary hypertension              |
| Liver               | Life-saving replacement of diseased liver for those with end-stage liver disease. | ▪ Biliary atresia                     |
|                     |                                                                          | ▪ Primary cholecystitis               |
|                     |                                                                          | ▪ Hepatitis                           |
| Pancreas/Islet Cells| Life-saving/life-enhancing organ replacement for patients with diseased pancreas. Eliminates the need for insulin injections. | ▪ Diabetes                            |
| Kidney(s)           | Life-saving/life-enhancing organ replacement for patients with kidney failure. | ▪ Kidney disease                      |
|                     |                                                                          | ▪ Diabetes                            |
|                     |                                                                          | ▪ High Blood Pressure                 |
| Small Intestine     | Life-saving/life-enhancing organ replacement for patients with diseased small intestine. Restores the nutritional balance of the body. | ▪ Short bowel syndrome               |
|                     |                                                                          | ▪ Digestive disorders                 |

Each year, approximately one-third of those people receive life-saving transplants and a hope for a renewed life because of the generosity of individuals who at a time of personal grief think of others in need. Despite this generosity, the need continues to grow.

Each day, 18 people die while waiting for a transplant.

A new name is added to the transplant waiting list every 12 minutes.
Fast Facts about Organ Donation
The Benefits of Tissue & Eye Donation

One tissue donor can potentially help up to fifty people. Most tissue transplants take place at community hospitals during surgeries that repair injuries sustained by trauma or disease.

<table>
<thead>
<tr>
<th>Tissue</th>
<th>Benefits</th>
<th>Diseases of those awaiting Transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone</td>
<td>Replace lost or damaged bone for support and reconstruction</td>
<td>Trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spinal fusion</td>
</tr>
<tr>
<td>Connective Tissue</td>
<td>Knee tendon &amp; ligament repair</td>
<td>ACL repair</td>
</tr>
<tr>
<td></td>
<td>Uterine &amp; bladder slings</td>
<td>Bladder or uterine prolapse</td>
</tr>
<tr>
<td>Skin</td>
<td>Temporary covering for burns and reconstructive surgical procedures</td>
<td>Burn victims</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reconstructive procedures</td>
</tr>
<tr>
<td>Vessels</td>
<td>Patients undergoing by pass surgeries and patients needing dialysis shunts</td>
<td>Coronary artery disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney disease</td>
</tr>
<tr>
<td>Heart Valves</td>
<td>Heart valve replacement, especially for children &amp; women of childbearing age; recipients are not required to take anticoagulants</td>
<td>Whole heart removed. Aortic and pulmonic valves dissected for transplant</td>
</tr>
<tr>
<td>Eyes/Corneas</td>
<td>Replace disease or damaged corneas, reconstructive surgeries post trauma</td>
<td>Corneal abrasion or scratch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Congenital and corneal disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Puncture wounds</td>
</tr>
</tbody>
</table>

Approximately one million tissue transplants occur in the United States each year.
Donor Family Services

Providing compassionate and sensitive care to donor families in the months and years after a loss is an important component of the donation process. Through the Donor Family Services program, LifeSource staff provides bereavement support and information to donor families, helping to ensure that the family continues to feel supported after their loved one’s gifts of donation.

Ongoing grief support and resources:

From our initial contact with the family in the hospital and continuing on during the weeks and months after the death of their loved one, our specially trained staff focus on providing resources, practical information, and emotional support and guidance. The Donor Family Services Program includes:

- Bereavement literature
- Grief support program referrals
- Follow-up letters and phone calls
- Gatherings and events to honor and remember loved ones
- Opportunities to share their story and volunteer in LifeSource activities

Written materials:

Following their loved one’s death, donor families receive a follow-up letter thanking them for their generosity, and providing general information about the transplant recipients. To ensure anonymity and confidentiality, the recipients identities are not disclosed.

LifeSource also sends bereavement information to donor families. Developed by licensed grief counselors, these materials provide information about the grieving process and suggestions on how families can get through the difficult days and months following the death of a loved one.

Donor Medal of Honor:

Donor families receive a Donor Medal of Honor from LifeSource. The medallion was created as a testament to the generosity of organ and tissue donors and their families.
Donor family gatherings

Once a year, LifeSource hosts donor family gatherings at locations throughout Minnesota, North Dakota, and South Dakota. These are opportunities for families to come together and remember and honor their loved ones. LifeSource has also hosted recognition ceremonies with the state governors in the region. These ceremonies provided families with recognition for their loved one’s gift from the state’s highest authority.

Because holidays are often challenging for individuals who have experienced a loss, LifeSource offers programs in each state focused on providing hope for the holidays. During the winter, LifeSource hosts gatherings to provide families the opportunity to meet each other and share their experiences and emotions as well as their ideas for coping with the upcoming holidays.

Communication between donor families and recipients

Donor families and recipients often write letters to each other. These special communications are facilitated through LifeSource staff and are forwarded anonymously to maintain confidentiality. If a donor family member and recipient choose to meet, LifeSource facilitates the process to ensure each side has provided appropriate consent for the release of confidential information.

Quotes from donor families and recipient

“I wish each of them good health and a renewed spirit, and hopefully, some day I will be able to shake their hands and see the sparkle of life in their eyes for myself.”

~A Donor Mom

“I received a heart transplant and I am writing to thank the donor family and all of the staff involved. The transplant has changed my life tremendously because it offers me more years to live. I had recently completed my Masters degree before I became sick. I am planning to go to work soon and resume my career and regular activities. Again, I would like to thank you all very much.”

~A Transplant Recipient

“When a loved one dies, the loss never really goes away, the memories are always part of us, but with the positive benefits that our loved ones has brought to others giving them a second chance at life, sight, or to add to the quality of their lives…it becomes the light from the darkness, and our love for the person that is no longer with us physically takes on a whole new dimension. We are all connected in the human race. What a privilege it is to help and care for one another.”

~A Donor Wife
Triggers for Organ, Tissue and Eye Donation

All patient deaths (imminent and cardiac) must be referred to the donation agencies within one hour of meeting the trigger. There are NO exceptions.

Call 1-800-247-4273 (1-800-24-SHARE)

- If a family mentions/has questions about donation, or if you/other members of the healthcare team have questions.
- *Refer within one hour all patients who meet the following:
  - Ventilated and
  - Severe neurological injury (i.e. CVA, GSW, MVC, anoxia)
  - Loss of 2 or more brain stem reflexes and/or a GCS ≤ 5

(loss of brain stem reflexes include: no pupillary response, no corneal reflex, no cough/gag, not breathing over the ventilator, no movement to painful stimuli, no dolls eyes or response to cold caloric)

- After the initial referral, if a decision is made to withdraw support, call prior to extubation or discontinuing life-sustaining therapies.
- As soon as possible on all patients after cardiac death, even if the patient has been previously referred.

*CDRs are not required to make the initial referral call, but must ensure that the referral call was made and the patient was assessed for donation potential prior to any family discussion.

CDR Coverage and Availability

Your hospital may choose to utilize CDRs 24 hours a day, 7 days a week for all organ, tissue and eye donation opportunities; or CDRs may approach only if a Donation Agency Donation Coordinator is unavailable; or there may be an alternate plan in place. Please refer to your hospital-specific plan or consult with your hospital liaison to determine CDR coverage at your hospital.
Collaboration and Team Huddle

CDRs will huddle with the healthcare team and review information from the referral call to develop a plan for family discussion - this is now referred to as the Team Huddle.

In addition to the donation coordinator, team members may include the CDR, bedside nurse, attending physician, fellow, resident, hospitalist, chaplain and/or social worker.

Topics of discussion during the team huddle may include:

- donation opportunities
- brain death determination
- appropriate timing of discussions
- family dynamics, legal NOK
- donor designation status

The team huddle takes on various forms. It may be a gathering of team members on-site or a sharing of information via telephone. In either case, the CDR must compile information from the donation coordinator – there are no exceptions.

Organ Donation
For patients with organ donation potential, the donation coordinator will coordinate the team huddle. It is essential that as many members of the healthcare team as possible participate in the team huddle. As a CDR, you may be asked to help facilitate a team huddle.

Tissue and Eye Donation
For patients with tissue and eye donation potential, the donation coordinator will relay donation opportunities and donor designation status to the hospital staff during the referral call. The CDR will assemble this and other important information from members of the healthcare team. While the CDR is not required to talk directly to the donation coordinator, you must have the results of the referral call prior to any family discussion.

As a CDR, an important question you should ask prior to any family conversation is:

“Are all members of the team aware of the plan?”
Standardized Huddles Process

What is a standardized huddles process: to ensure that every donation opportunity includes huddles that are standardized, consistent & reliable. The goals of this process are to have total collaboration between LS and the hospital care team; complete respect for the hospital care team and families; standardized, consistent, reliable processes and timeliness, especially in communication.

Three areas in the donation process where huddles are essential (see *Note* below). These huddles were named and clearly defined.

**Donation Assessment Huddle:** This huddle occurs following an evaluation for organ and tissue donation opportunities – it could be an onsite or telephone assessment/evaluation. It is intended to establish a clear plan of LS involvement and ensure that the hospital care team is both heard and informed. Discussion topics include the hospital care plan, what donation opportunities exist at the time of the evaluation, clinical factors relevant to the preservation of future donation opportunities, CBIQs, next steps. *This huddle is new to the donation process.*

**Family Support Huddle:** This huddle occurs prior to meeting with a family to discuss donation opportunities (BD or DCD). It is an opportunity for hospital staff and LS to communicate and encourage teamwork when there may be donation opportunities. The huddle includes a minimum of 2 members of the patient care team. Discussion topics include the hospital care plan, brain death diagnosis or potential DCD suitability, clinical factors relevant to the preservation of future donation opportunities, family dynamics and LNOK identification, DD status and approach plan – who will approach, who will be present, what we will say, where the approach will occur.

**Family Outcome Huddle:** This huddle occurs following the family discussion and is intended to ensure that the hospital care team along with LS has a clear understanding of the family discussion outcome and to establish next steps in the donation process. Discussion topics include the family/LNOK decision, clinical factors relevant to the preservation of future donation opportunities, next steps – begin case, identify staffing needs, timing and family support and communication plan.

*Huddles are not limited to three occurrences. There may be multiple Donation Assessment Huddles or any variation of the three huddles.*

*Note: These three huddles focus on the donation process leading up to and immediately following the family discussion. Other huddle definitions are in development for donor management and pre-OR phases of the donation process. Your hospital may already be practicing huddles that are not included in this information.*

Expect to participate in huddles. If the donation agency doesn’t offer huddles it is your responsibility as a CDR to ask for them.
When a Family Mentions Donation, What do I say?

More and more families are bringing up donation during different phases of their loved one’s hospital stay. In the past, hospital staff were told, “NEVER talk about donation” and you had no tools/language available for hospital staff to reference when responding to families who mentioned donation. This system led to less collaboration and minimized our partnership in the donation process.

There are many potential circumstances for a family to mention donation. The suggested language here can be modified for the most common family mention scenarios. Even as CDRs, these responses work well when the family mentions donation prior to referral calls or if it comes up unexpectedly.

Three components of an effective response for families when they mention donation:

- **Acknowledge** the donation comments
- **Connect** the family to LifeSource
- **Stay and Support** the family and patient

Practice saying these responses with a colleague. Imagine that the family mentions donation before or after the donation referral call has been made, but prior to the grave prognosis.

**Acknowledge**: “Our hospital supports donation and making sure all of your questions are answered.”

**Connect**: “We work with an organization called LifeSource, the experts in donation. I’ll give them a call so I can connect you with them by phone right now.”

**Stay and Support**: “I’ll join you for that conversation so I can continue to offer help and support to you and your family.”

There are the printed materials that can be used for education or during real time case activity. We suggest you post them on your unit and identify and area where you can keep them for quick reference.
Organ Donation after Cardiac Death (DCD)

In some instances, a person may donate organs after cardiac death has occurred. For donation after cardiac death to occur the following circumstances must exist:

- A patient has suffered devastating and unrecoverable illness or injury and is ventilator dependent,
- The family has decided to withdraw mechanical ventilation,
- Death from cardiac and respiratory arrest is likely within 90 minutes following withdrawal of mechanical support.

In this situation, organ recovery would occur only after support is withdrawn and after cardiac death is pronounced.
**Four Phases of Family Communication**

*Develop a family communication plan. Consider the following suggestions.*

---

### Phase One -- Seriousness of Injury

“_______ has suffered severe damage to his/her brain. We are doing everything we can to help him/her recover.”

- Explain/reinforce injury/neurological involvement.
- Discuss plan of care with family.
- Check for understanding. Provide family support.
- Review / adjust communication plan.

---

### Phase Two -- Grave Prognosis

“Despite everything that we have done, ______ is getting worse. He/she may not recover.”

- Explain / reinforce grave prognosis.
- Review treatment interventions and plan of care.
- Support family / assess understanding.
- Review / adjust communication plan.

---

### Phase Three -- Brain Death Testing

“As you know, ____ has suffered a devastating brain injury. It appears that his/her brain has stopped working and can not possibly recover. We have begun tests to be certain about this.”

- Review treatment interventions to assure family everything possible was done.
- Differentiate between coma and brain death. Support family / assess understanding.
- Explain brain death testing process.
- Review / adjust communication plan.

---

### Phase Four -- Brain Death Discussion

“The testing is complete. ______ has lost all brain function. This is permanent. This means that he/she is medically and legally dead.”

- Explain results of brain death testing.
- Provide written information and/or visual aid.
- Support family / assess understanding.
- Review / adjust communication plan.

---

**Yes**

- Does family understand probable brain death?

**No**

---

**Yes**

- Does family understand brain death?

---

**No**

---

**Team huddle/collaboration with LifeSource to discuss donation with family.**

---

**Team huddle/collaboration with LifeSource to discuss donation with family.**

---

**Team huddle/collaboration with LifeSource to discuss donation with family.**

---

**Team huddle/collaboration with LifeSource to discuss donation with family.**
Brain Death and Cardiac Death

**Brain death** is the irreversible cessation of all brain activity, including the brain and brain stem. The brain dies from lack of blood/oxygenation.

**Cardiac death** is the irreversible cessation of all cardio-pulmonary function. The heart stops beating.

Some families may need a visual aid in order to fully understand the concept of brain death.

Some resources you and the healthcare team could provide as visual aids for families:

- Show the family the EEG, angiogram, blood flow study results.
- Have MD in the room to explain.
- Draw a picture.
- Show the family that the patient is not responding.
- Family in the room for brain death exam.
Helping Families Understand Brain Death

The concept of brain death is difficult for most families to comprehend. However, it is important for families to understand that their loved one is dead before they are offered the opportunity to make decisions about donation. The following communication points may be useful in helping families understand brain death.

- Provide frequent updates about the patient’s condition throughout the hospitalization. Consider using the following sequenced statements to guide your explanations as the patient deteriorates to brain death.

- Ensure that all hospital staff gives clear and consistent information to the family. It is important for all hospital staff to know what the family has been told about their loved one’s condition.

- Use visual aids (i.e. cerebral blood flow exam, cerebral angiogram or electroencephalogram) to describe the brain injury and death. Visual aids help the family understand what they cannot see since the patient’s body remains warm and normal in color while maintained on the ventilator.

- After declaration, refer to brain death as death. Tell the family the time of death. The patient is not in a coma. Refer to the ventilator and intravenous medications as “artificial support.” Be aware that talking to the patient during cares may mistakenly lead the family to believe their loved one can still hear and comprehend.

- Use the word death. Avoid commonly used euphemisms (passed away, gone, expired) in your conversation about the death.

- Encourage the family to ask questions and express their understanding of their loved one’s death. Allow moments of silence; try not to fill in gaps in conversation with meaningless words or explanations.

- When feasible, allow the family to observe parts of the neurological exams. Explain the medical equipment and its function in the care of their loved one.

- Don’t offer every family a “canned” explanation. Every family, every loss, and every grief experience is unique. Work to adapt the content and style of your communication with each unique family.
Authorization by Donor Designation

Donor Designation refers to an individual’s documentation of intent to donate their organs, tissues, and eyes after their death. This may be documented on:

- A driver’s or chauffeur’s license
- A state-issued identification card
- A will
- An advanced directive
- A donor card or other writing, signed by the individual, intended to make an anatomical gift

Family reservation regarding Donor Designation:

Families very rarely go against the known wishes of their loved one. There may be situations where a family has reservations. LifeSource has a conflict resolution protocol in place for these situations. A LifeSource Donation Coordinator will take the lead in facilitating family discussions related to donor designation and will work with the next-of-kin to resolve issues and keep the hospital staff informed.

Authorization by Legal Next-of-Kin

When donor designation is not present the legal next-of-kin must give written or telephone authorization for donation. The Anatomical Gift Act designates the priority of the legal next-of-kin.

<table>
<thead>
<tr>
<th>Legal Next of Kin in Descending Order</th>
<th>Minnesota</th>
<th>North Dakota and South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Agent;</td>
<td>(1) Agent;</td>
<td></td>
</tr>
<tr>
<td>(2) Spouse;</td>
<td>(2) Spouse;</td>
<td></td>
</tr>
<tr>
<td>(3) Adult child;</td>
<td>(3) Adult child;</td>
<td></td>
</tr>
<tr>
<td>(4) Parent;</td>
<td>(4) Parent;</td>
<td></td>
</tr>
<tr>
<td>(5) Adult sibling;</td>
<td>(5) Adult sibling;</td>
<td></td>
</tr>
<tr>
<td>(6) Adult grandchild;</td>
<td>(6) Adult grandchild;</td>
<td></td>
</tr>
<tr>
<td>(7) Grandparent;</td>
<td>(7) Grandparent;</td>
<td></td>
</tr>
<tr>
<td>(8) Guardian;</td>
<td>(8) Adult exhibiting special care/concern;</td>
<td></td>
</tr>
<tr>
<td>(9) Adult exhibiting special care/concern;</td>
<td>(9) Guardian;</td>
<td></td>
</tr>
<tr>
<td>(10) Other person with authority to dispose of decedent's body.</td>
<td>(10) Other person with authority to dispose of decedent's body.</td>
<td></td>
</tr>
</tbody>
</table>
Medical Examiner/Coroner Authorization

It is the standard practice of LifeSource to facilitate the donation of organs and tissue within the legal guidelines of the state and county in which the donation occurs. The Medical Examiner or County Coroner is responsible for granting permission for organ and tissue donation to occur in cases where they have jurisdiction. They may:

- Grant permission for organ and tissue donation to occur
- Restrict certain organs or tissues that can be donated
- Restrict research if organs and tissues are not suitable for transplantation
- Conduct an autopsy/inspection post-donation

LifeSource works collaboratively with area Medical Examiners/Coroners to find a balance between honoring the donation wish of an individual or family and the Medical Examiner/Coroner requirements.

It is the responsibility of the Donation Coordinator to call the Medical Examiner/Coroner in the state or county where the donation occurs to obtain clearance for donation of organs and tissues and provide appropriate documentation.

This information will be discussed in the team huddle.

Family Initiated Donation Discussion

Some families inquire about donation opportunities prior to the referral call or when there is not a Donation Coordinator on site. Please inform the family that you will contact someone who can provide further information and address their questions. Call 1-800-24-SHARE and ask to speak to a LifeSource Donation Coordinator.
Medical and Social History

A LifeSource Donation Coordinator will always obtain the history from the family after authorization or disclosure forms have been completed.

Obtaining the past medical and social history is an important part of the donor evaluation. The questions asked during this process are similar to those asked when one donates blood. They identify any high-risk factors for infectious/transmissible diseases (HIV, hepatitis, cancer, etc.) that would rule out donation.

If the family needs to leave the hospital before the LifeSource Donation Coordinator arrives on site:

- Obtain a telephone number where they can be reached.
- Ask them what time they will be available.

No Donation Opportunities

If after the referral call the Donation Coordinator determines that there are no donation opportunities, please inform the family that:

“Usually we would talk with you about your opportunities for organ, tissue and eye donation, but because of ____________ (contraindication given by the Donation Coordinator) your loved one is not a candidate.”

This is important for reassuring families that their loved ones were considered for donation.

This also prepares families for the topic of donation for future deaths and conversations about donation wishes.
**CDR Approach Data**

As a CDR, you are required to report your approach data to LifeSource within one week of each approach for organ, tissue and eye donation. This will be done through conversational completion of a Rounding Log, in which the LifeSource Hospital Liaison will ask you a series of questions regarding your approach experience. The Liaison will provide the questions; the Rounding Log is an internal LifeSource document.

Please complete a new Rounding Log with LifeSource Hospital Liaison within one week of each family discussion for every approach you conduct.

This data will be collected and analyzed by LifeSource and shared periodically with you and your hospital administrator. Ongoing evaluation of this data is important as we continue to improve our efforts to save and enhance lives through organ, tissue and eye donation and transplantation.

*If you have approached a family for organ, tissue and/or eye donation and have not received an invitation to Round, contact your LifeSource Hospital Liaison.*
The Proactive Mindset
Communicating by Design Rather than Default

The dual-advocacy, value-centered philosophy builds on the research in which Americans say when surveyed, that they do want to donate. (Siminoff, Caplan, Arnold and Virnig 1995; Franz, Drachman, DeJong, Beasley and Gortmaker 1995; Miller 1987)

This framework can alleviate family stress at a time of loss and positively reinforce donation, making it easier for grieving families to act upon this inclination.

Probably the most important part of learning to work within the dual-advocacy, value-centered framework is to approach every donation opportunity with the belief that “most people, given the opportunity to help someone, would want to do it.”

The values-centered discussion takes a sensitive, affirmative stance towards donation, reflecting a positive view of donation – presenting it as the correct and natural decision while continuing to address concerns as they arise.

**In the dual-advocacy, value-positive discussion:**

Family conversation is life-centered; Donation is the right thing to do.

**CDR views self as:**

Donation expert; recipient and patient/family advocate; approaching by design.
Proactive Mindset

Requesting staff from OPO’s and hospitals need to be the best and have:

- Time to spend with families
- Expert knowledge about donation
- Bedrock belief in donation and the good it provides to families

Research shows a positive correlation between the health care professional’s perceptions about donation and family consent rates.

A “BEDROCK BELIEF” in donation is essential in this process. You have the time, knowledge, skill and most of all motivation to communicate to donor families in a way that will help them understand the power of their decision.

Self Reflection

Do I have time to spend with families without competing priorities?

If no, how can I make that happen?

Do I think of myself as a donation expert?

If no, what can I do to become a donation expert?

Do I have a “BEDROCK BELIEF” in organ, tissue and eye donation?

If no, can I change or should I continue as a CDR?
You may at times have found yourself demonstrating behaviors from both of these paradigms during one interaction. The truth is we may all, at times, utilize a combination of these roles and language as we communicate with family. In order to fully utilize the Dual-Advocacy, Value-Centered approach, it is essential that you begin thinking and communicating from within a Dual-Advocacy, Value-Centered framework.

Familiarize yourselves with this diagram and use it as a reference against which to check yourself as you begin to routinely implement the Dual-Advocacy, Value-Centered Approach.
### Dual-Advocacy, Value-Positive vs. Standard

<table>
<thead>
<tr>
<th>Dual-Advocacy, Value-Positive</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m Megan, a member of our team who is a specialist in working with families facing end-of-life decisions. I’m going to speak with you and answer any questions.</td>
<td>I’m Mary. I work with families like yours who have lost a loved one. Would it be possible for me to speak with you for a moment?</td>
</tr>
<tr>
<td>You can give hope to other parents who are waiting for someone to make the generous decision to donate. You and Julie have the special opportunity to answer the prayers of another family.</td>
<td>I am sorry to hear that your daughter has passed, but you now have the option of organ and tissue donation. Have you ever had a discussion about donation?</td>
</tr>
<tr>
<td>Thousands of people are waiting for a life-saving transplant. You can save and enhance the lives of many people today.</td>
<td>If you decide to donate we could provide you with information about the people that have received your son’s organs.</td>
</tr>
<tr>
<td>You and your family now have the opportunity to make your son a hero through the gift of tissue and eye donation.</td>
<td>Some families choose the option to donate their loved one’s organs. I am here to help you make the decision that is best for you and your family.</td>
</tr>
<tr>
<td>Do you have any more questions before we move forward?</td>
<td>Would you like me to give you some time before you make your final decision?</td>
</tr>
</tbody>
</table>

### Positive, affirmative terminology may include:

- Opportunity
- Hero
- Legacy
- Generosity
- Caring
- Giving
- Always thought of others
- Willing to help others
- Ability
- Act of Compassion and Kindness
- Celebrate
- Courage
- Honor
- Hope
- Inspiration
- Life
- Power
- Powerful
- Selflessness

**Phrases:**

- “I know that you’ve been praying for a miracle these last few days and that miracle hasn’t happened. There are other family members praying for the miracle too. You have a unique opportunity to answer their prayer through the gift of organ donation”.
- “Your family and _______ have the power to keep other families from experiencing the pain and loss that you are feeling.”
- “You, your family and _______ have the ability to touch and save the lives of up to 50 people.”
- “Recipients and their families tell us that they consider their donors and their families to be their heroes.”
Key Elements of the Dual-Advocacy, Value-Positive Approach

1. Intent to be a “Dual Advocate” and use Value-Positive language.
2. Introduction as a Specialist and Member of the Healthcare Team.
3. Express condolences / engage family in a conversation about their loved one.
4. Meaningful transition from conversation about loved one and loss / death to donation discussion.
5. Explicit reference to recipients and use of anecdotal stories.
6. Use of Value-Positive Language.
7. Value- Positive Ask.

As you plan your family conversation and work with the Donation Coordinator, ask yourself the following questions:

“Am I demonstrating behaviors that identify me as the ‘Donation Specialist’?”

“Am I collaborating with the other hospital staff and donation agencies in a way that clearly establishes me as a ‘Member of the Healthcare Team’?”

“Have I designed a unique, meaningful and proactive communication plan for this family?”

“Have I utilized value-positive language and conducted myself in a manner that focuses the conversation on the family’s ability to improve the lives of others through donation and transplantation, conveys the message that donation is the right thing to do and fulfills my role as “Dual Advocate?”
“Thousands of people have been helped by organ and tissue donation and have gone on to live long and happy lives. Robert can save and enhance the lives of up to 60 people today.”

“You have the chance to save and enhance many lives today. Robert will always be remembered as a hero to those who are desperately in need of a transplant.”

“Donation is one way your husband can be remembered in a way that reflects the goodness of his life.”

“Because of the way Robert died, he has the unique opportunity to share the love I see he received here in this room. Saving lives through donation is a unique opportunity and a gift that right now only he can give.”

“Your loved one has documented their wishes to be a donor in order to save and enhance the lives of others. A donation coordinator is going to work with you to fulfill your loved one’s wishes.”

“Your loved one’s decision to donate will not only save the lives of people who are waiting but also help make something positive come out of something so tragic. I will be working closely with you and the donation agencies to fulfill your mother’s wishes.”
Scenario-Based Skills Practice

Scenario #1: Brain Death - Organ, Tissue and Eye Donation Opportunities

A 15 y.o. boy named Ryan was a passenger involved in a MVA where he was ejected; his friend was driving and died at the scene. The accident occurred 2 days ago as the kids were on their way home from school. They swerved to hit a dog and lost control.

Ryan was declared BD this morning by clinical and apnea at 0800. LifeSource has been following the patient since his arrival. The Donation Coordinator is on the telephone and has been working with the medical staff to monitor Ryan’s condition. His vital signs are very stable. The family has been told that he’s brain dead, but there has been no mention of donation. The Donation Coordinator tells you that Ryan is a candidate for organ, tissue and eye donation and asks you to approach the family, as they are unable to be onsite. There is no Donor Designation.

Family includes Mom, Dad and Sister. They are a very close family and have been at the hospital for Ryan’s entire admission. The nursing staff tells you that they are exhausted and still comprehending Ryan’s condition and grave prognosis.

Family Role Players
- Mother Kim
- Dad Kyle
- Sister Robin
Scenario-Based Skills Practice

Scenario #2: Cardiac Death – Tissue and Eye Donation Opportunities

A 71 y.o. female named Evelyn is who came in the week prior through the ER. Initially she was alert & responsive but while in the ER she coded and was intubated. Her condition worsened and her family chose to withdraw support. Evelyn did not die immediately and was transferred to the Hospice unit. Past medical history includes controlled high blood pressure, but otherwise she was healthy and active.

Evelyn lived on her own and loved to garden and was very physically fit. She was a very independent woman who often helped her neighbors and friends. She wintered in Arizona and has one adult daughter, Nancy who was at her bedside throughout her stay.

At the time of Evelyn’s death the referral call was made to 1-800-24-SHARE and the Donation Coordinator determined that Evelyn is a candidate for tissue and eye donation and there is no Donor Designation. There is buzz on the unit that an unidentified staff member mentioned donation to the family and Nancy’s response was, “I don’t know what she could possibly donate. Besides we never discussed donation.”

Family Role Players
• Daughter Nancy
Scenario-Based Skills Practice

Scenario #3: Donor Designation – Eye Donation Opportunities

Linda is a 45 y.o. woman who died after a long battle with breast cancer. Although she was very ill the last couple of months, the nursing staff referred to her as a ‘ray of sunshine’, always asking how their day was going and inquiring about their families. Linda’s husband survives with their two daughters, ages 12 and 10.

When you arrive on site, the nursing staff tells you that it is a very grim day on the unit, as they have become particularly close to Linda and her family. The husband and children are there and the girls are very teary. In addition, Linda’s parents are there and are actively grieving as well. They seem very anxious to leave the hospital.

The Donation Coordinator has told the staff nurse that Linda is a candidate for eye donation and has Donor Designation. The family is all at the bedside.

Family Role Players
- Husband Bill
- Parents
Scenario #4: (DCD) Donation after Cardiac Death – O, T, E Opportunities

Arnie is a 30 y.o. man who was involved in a motor vehicle accident. His mother was the driver, and he was the front seat passenger. His mother had just picked him up at 3:00 PM from his job at the local convenience store, where he bagged groceries and stocked shelves. Arnie is mentally challenged and has lived alone with his mother since age 2, when his father died of leukemia. His mother apparently dozed off, crossed the center line and struck another vehicle. She is in the same intensive care unit as Arnie, but her condition has improved and she is stable with a good prognosis.

Brain death testing has been conducted but Arnie did not meet the criteria to be declared. The doctor has explained to the mother that while Arnie is still alive, he will not survive his injuries and death is imminent. They are giving her some time to process the information, but the mother is aware that withdraw of support is imminent and asked that he be a DNR. The medical team has told her that a specialist will be meeting with her to discuss next steps.

When you arrive on site, the nurse tells you that the Arnie’s blood pressure is becoming unstable. The medical team is reluctant to start pressors until they know whether or not Arnie’s mother will consent to donation. The LifeSource Donation Coordinator has asked the medical team to treat the blood pressure and informs you that Arnie is a candidate for donation after cardiac death (DCD). He would also be eligible for tissue and eye donation. There is no donor designation.

Family Role Players

- Mother Candace
**Scenario-Based Skills Practice**

**Scenario #5: Cardiac Death – Eye Donation Opportunities**

Richard is a 65 y.o. man who died after a long battle with prostate cancer. He has been a regular patient with multiple admissions over the last eighteen months. Staff on the unit refer to Richard as “the original grouchy old man”, as he rarely smiled or laughed and complained constantly. He also regularly bossed orders to his wife and grown children from his hospital bed, even though his health was deteriorating.

When you arrive on site, the nursing staff tells you that while it is sad that Richard has passed, they are relieved for his wife and family. The wife and children are at the bedside. Richard’s wife Betty is teary and the children are somber and but not particularly emotional. They are not shy about acknowledging their father’s poor disposition in life. In fact, the children were overheard discussing how happy they are that their mother can move on now.

The Donation Coordinator has told the staff nurse that Richard is a candidate for eye donation and does not have Donor Designation. Betty’s initial reaction to the opportunity of donation is “Absolutely not. He’d kill me if he knew I agreed to have him cut up”.

Family Role Players
- Wife Betty
- Adult Son Brad
- Adult Daughter Francis
Scenario-Based Skills Practice

Scenario #6: Donor Designation – Tissue and Eye Donation Opportunities

John Lightfoot is a 35 year old Native American who died after an un-witnessed cardiac arrest; his cause of death is unknown. John lived with his wife Julie; they have only known each other and been married for approximately three months. John’s parents are living.

When you arrive in the Emergency Department you are told that John is a candidate for tissue and eye donation and his wife and parents are waiting in a conference room. John has donor designation in his driver’s license and the donation agency has confirmed that. Staff overheard the family calling to arrange a traditional Native American smoke ceremony.

Julie wants to honor John’s wishes, however cannot complete the medical and social history. Upon talking with the parents, the father is vocal in his desire to follow traditional Native American burial ceremonies, which include burying the body whole. John’s mother agrees with the father.

Family Role Players
- Wife Julie
- Mother Nancy
- Father Jim