

# Overview of Organ Donation

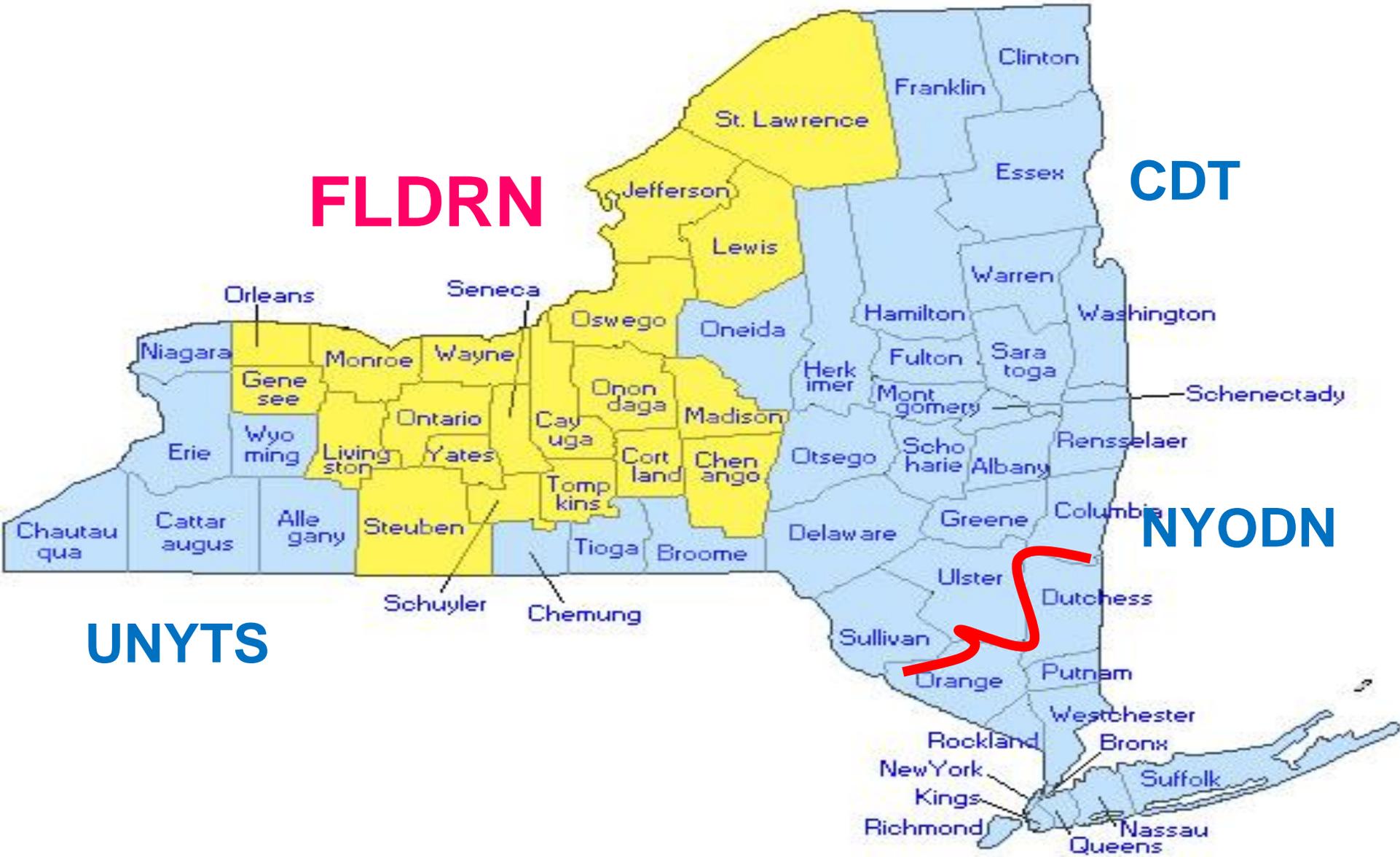
Presented by:  
Nancy Ryan  
Hospital Development, FLDRN

# Who is Finger Lakes Donor Recovery and what is at stake?

# FLDRN: Who We Are

- Organ Procurement Organization (OPO)
- Federally-designated
  - One of 58 OPO's in the United States
  - One of 4 in NY State
  - FLDRN works with 37 hospitals in 19 counties (Central / Western NY)
- FLDRN staff includes:
  - 9 Organ Procurement Coordinators
  - 3 Family Services Coordinators

# Donation Service Areas in New York State



# Donors Needed

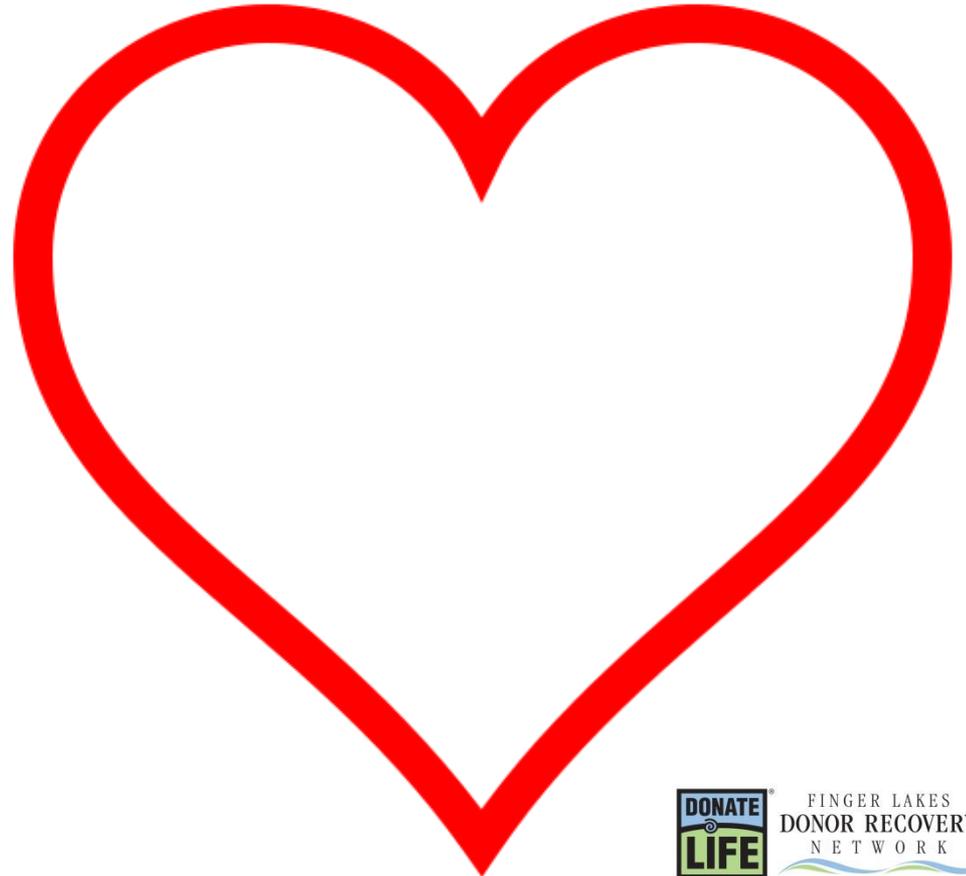
- Over 120,000 Americans are waiting for an organ transplant.
- 19 people die every day waiting for a transplant.
- One organ, tissue and eye donor has the power to save and improve the lives of up to 50 people.

# Local Donors and Those Awaiting Transplants



On average, 45 people become organ donors within the Finger Lakes Donor Recovery Network region each year.

Compare that to the more than 700 people from the same region who are awaiting transplants.



# Why Do Hospitals Work With FLDRN?

- In order to receive Medicare Funding, all critical access hospitals and acute care hospitals must be compliant with the Conditions of Participation / Routine Referral Act (1998).
- These hospitals must have an agreement with an OPO (FLDRN) to cooperate in the recovery of organs, and as well as one eye and one tissue bank to cooperate in the recovery of eyes and tissues (Rochester Eye and Tissue Bank).

# Conditions of Participation Act / Routine Referral

- Hospitals must notify FLDRN through our referral service (1-800-774-2729) when death is imminent or a patient has died (all deaths).
- FLDRN will determine medical suitability for organ donation.
- The hospital's designated Eye/Tissue Bank will determine medical suitability for eye/tissue donation.

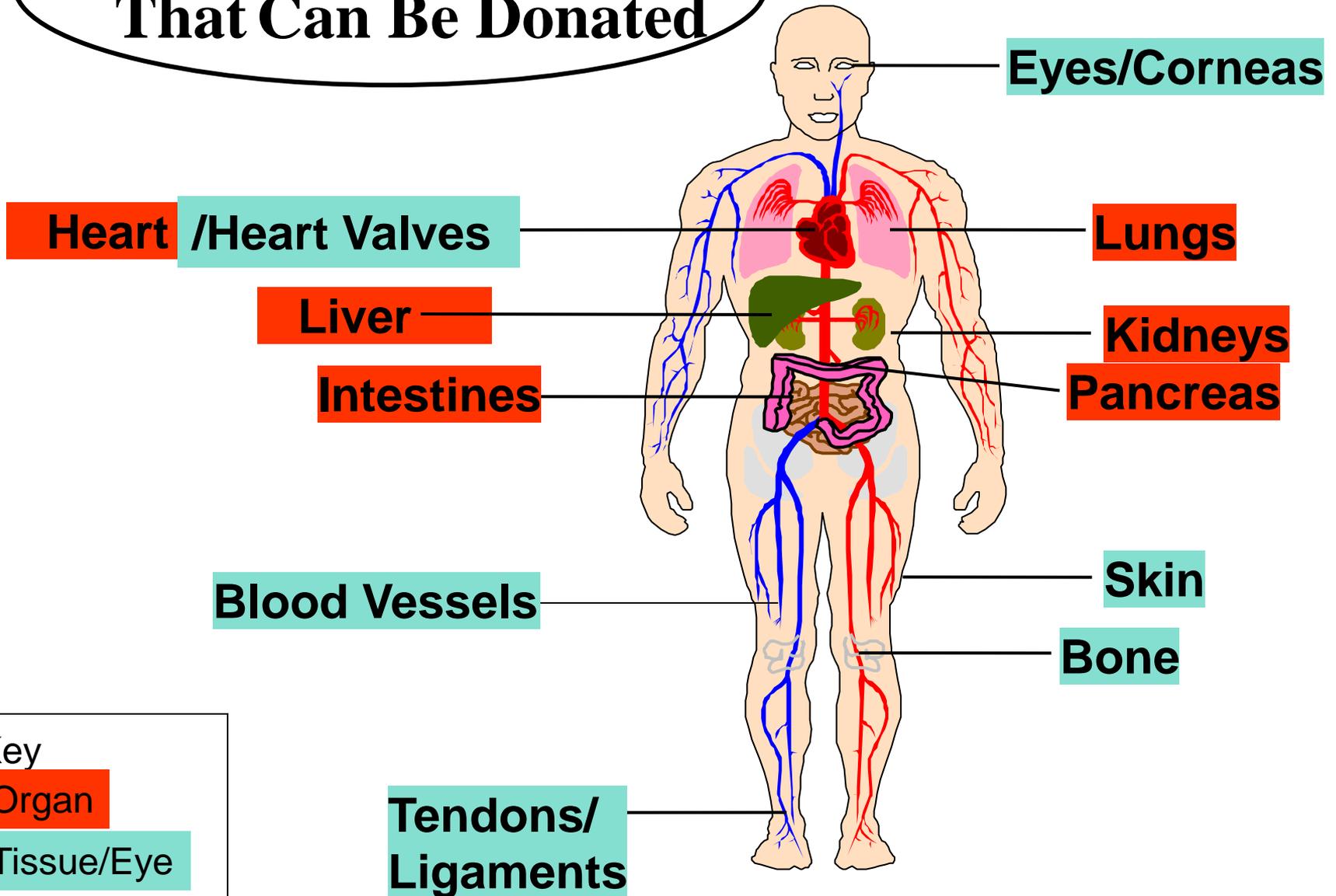
# Conditions of Participation Act / Routine Referral

- In collaboration with FLDRN, the hospital must ensure that:
  - Any patient who meets clinical triggers is medically evaluated for donation potential.
  - The family of each potential donor is informed of its options for donation.

# Conditions of Participation Act / Routine Referral

- FLDRN is the designated requestor of donation, per hospital policy.
- In some cases, FLDRN will request the assistance of hospital staff to participate in the request for donation.

# Organs & Tissues That Can Be Donated



# How Does the Organ Donation Process Start?

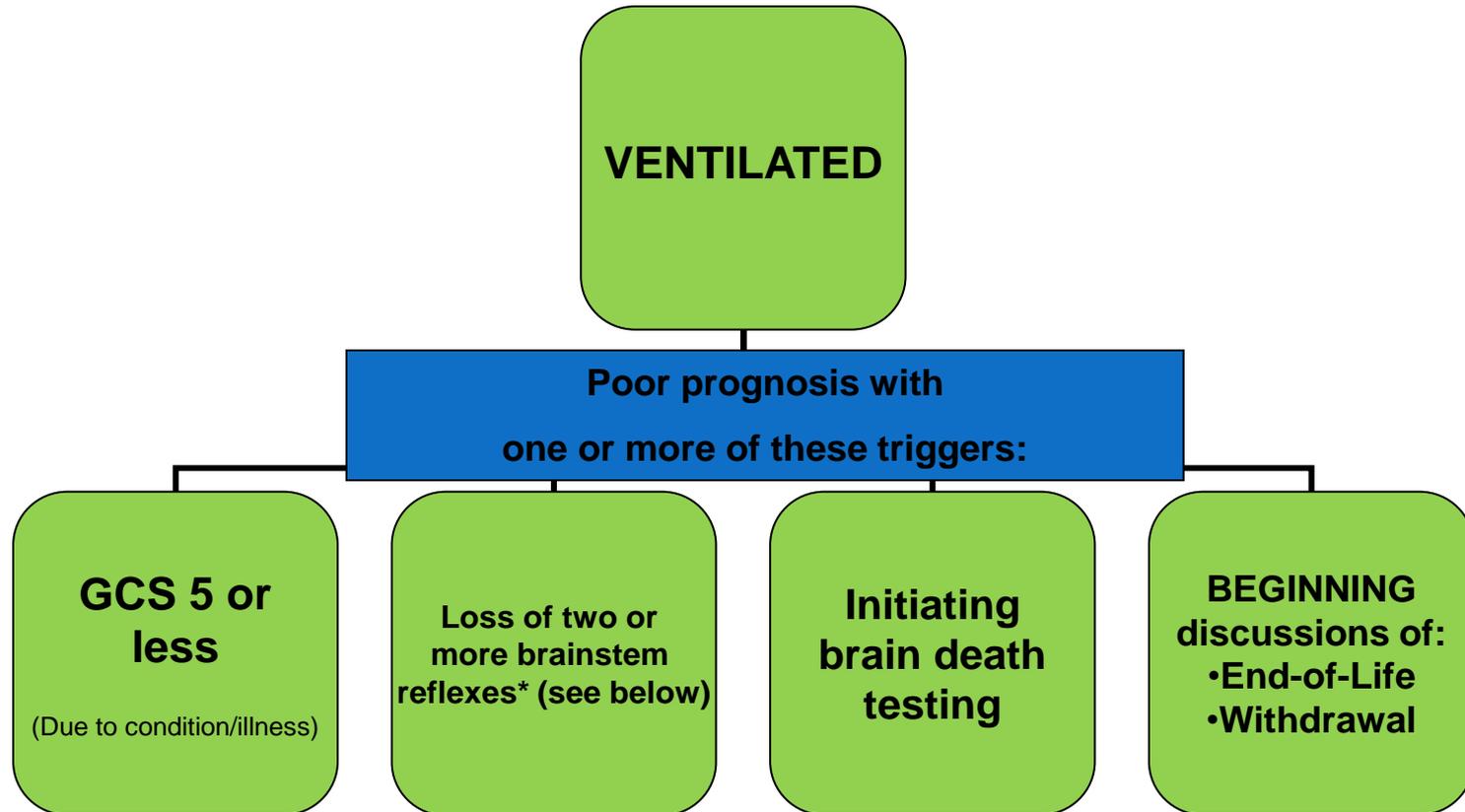
**The organ donation process  
begins with a timely referral  
from hospital staff.**

## Step 1: Identification

# Referral Process

- Every imminent or actual hospital death needs to be referred. The donation agency will determine suitability for donation.
- Ventilated patients with a heartbeat should be referred when they meet the Referral Triggers\* (for organ donation). \* See next slide.
- Non-ventilated patients should be referred within 1 hour after cardiac time of death (for eye/tissue donation).

**POTENTIAL ORGAN DONOR CLINICAL TRIGGERS - CALL within 2 HOURS**



**FLDRN appreciates your help in the donation process. Together, we can save lives.**

\*Brainstem reflexes absent or non-reactive include: pupillary or corneal reflex, cough, gag, response to painful stimuli, or spontaneous respirations.

## Step 2: Family Support

# Compassionate Care

- Family support is a critical component at end-of-life. Utilize Social Work, the Chaplains, and Palliative Care to meet the needs of the patient and family.
- When it is time to consider donation, our coordinators will work seamlessly with the multidisciplinary team to ensure compassionate end of life care.

## Step 3: Organ Function

# Maintaining Organ Viability

- When considering organ donation, optimizing oxygenation and perfusion are essential.
- Fluid balance and electrolytes should be normalized, if possible.
- Taking these steps help maintain the patients' or families' wishes to donate.

# It's Time to Huddle

- A huddle is a brief meeting between each discipline to ensure that we are all working together in the donation process.
- In the huddle, we can review patient and family needs, donor suitability, what information has been shared with the family, who is the legal next-of-kin, etc. While FLDRN is the designated requestor for donation, we need your help to make sure our timing and approach is appropriate.

# Two Types of Organ Donation

- Donation After Brain Death is organ donation that occurs after the irreversible cessation of all brain function, including the brain stem. The heart is still beating until procurement.
- Donation after Circulatory Death (DCD) is organ donation that occurs after ventilator support is removed and the irreversible cessation of circulatory and respiratory functions occurs within 60 minutes.

# Donation after Brain Death

- Patient has been declared brain dead by an Attending privileged in brain death evaluation and the death is certified by 1 other Attending physician.
- Neurologic death (brain death) is the legal time of death.
- Donation moves forward when patient's wishes to be a donor are known or family has consented to organ donation.
- FLDRN team, in collaboration with medical staff, clinically manage the patient.
- Recovery occurs in the OR.

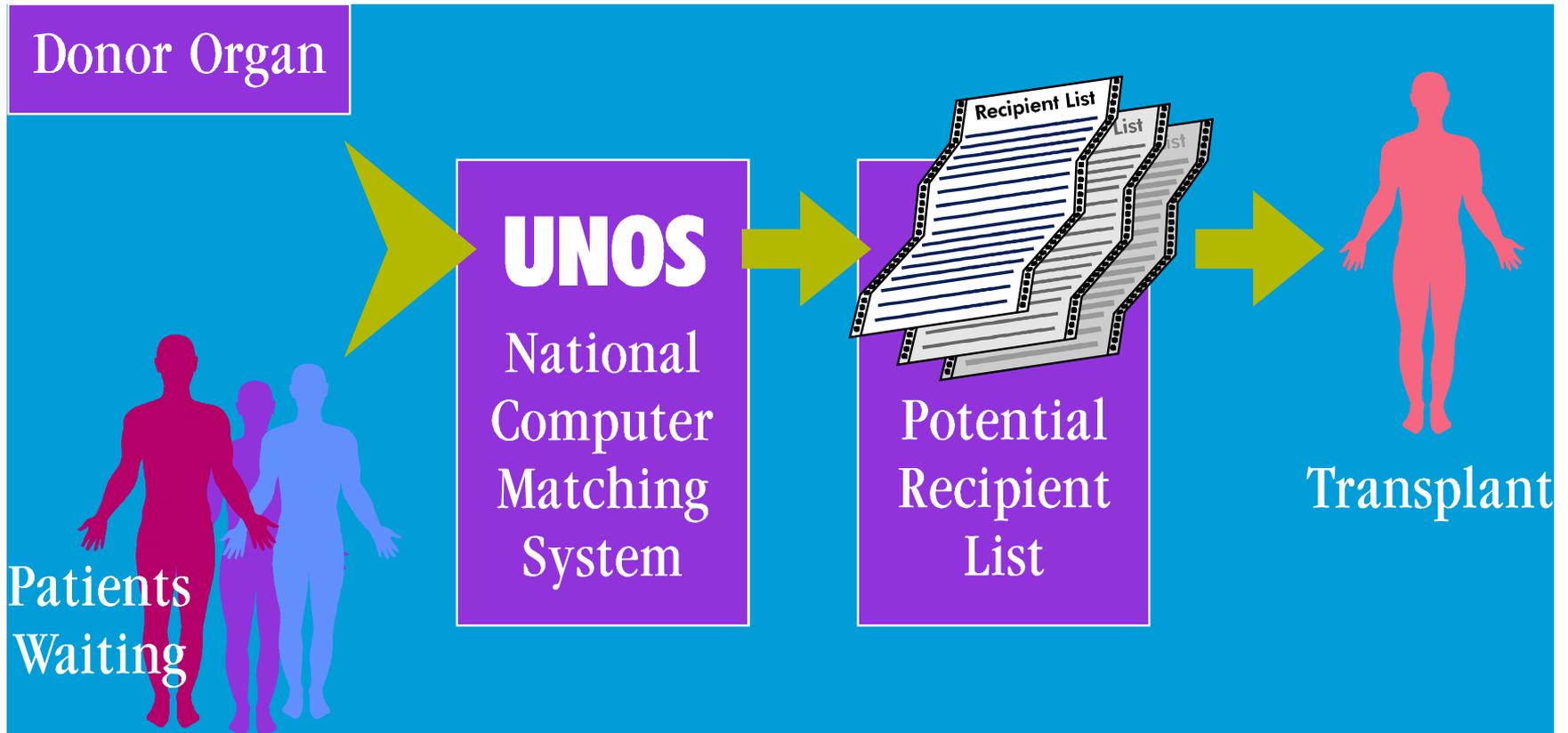
# Donation After Circulatory Death (DCD)

- Patient has devastating, non-recoverable illness or injury and is ventilator dependent.
- Decision is made for withdrawal of support according to patient or family wishes and hospital policy.
- Cardio-pulmonary arrest must occur within 60 minutes after withdrawal of support.
- Patient has good organ function (liver, kidney, pancreas, lung).

# Donation After Circulatory Death (DCD)

- Physician and bedside nurse accompany the donor patient to OR. They monitor the status of the patient, administer comfort care measures. The physician declares the patient's death.
- Family may be present in the OR up until the Physician declares the patient asystolic.

# Organ Allocation



# **Myths and Facts About Organ Donation**



**MYTH:  
THEY WON'T CARE  
FOR ME IF I AM A  
REGISTERED DONOR**

A 2x2 grid of diverse people's faces. Top-left: A middle-aged man with a receding hairline, smiling. Top-right: An older Black woman with a nose ring, looking slightly to the side. Bottom-left: A young woman with long dark hair, smiling. Bottom-right: A young man with short dark hair, smiling.

# AGE & Medical History

Myth:

“I’m too old or too ill to be an  
organ donor”



Fact:

All major organized religions support an individual's decision to be an organ donor.

# POSITION ON RECIPIENT LIST

Fact:  
The transplant  
allocation process is  
inherently fair.





**Fact:**  
There is **NO** cost to the donor family or estate of the organ donor.

A collection of lit candles in various glass holders, creating a warm, glowing atmosphere. The candles are in different shapes and sizes, some in simple glass jars and others in more decorative holders. The light from the candles is soft and warm, illuminating the surrounding area. The background is dark, making the light from the candles stand out.

**Fact:**  
**ALL DONORS TREATED  
WITH RESPECT  
& DIGNITY**



**One donor can  
Help so many**

**DONATE**



**LIFE**