Saving Lives & Restoring Health Through Organ and Tissue Donation
On-line Module
Who is New Jersey Organ and Tissue Sharing Network?

- Organ Procurement Organization (OPO)
- Private, Non-profit Service Organization
- Federally Designated/ State Licensed
- Available 24 hours/7 days a week
- Arrange for the recovery of all organs and tissue for transplantation.
Regulatory agencies oversee organ and tissue donation compliance

- HRSA - US Dept of Health and Human Services
- CMS - Centers for Medicare/Medicaid Services
- FDA – Food & Drug Administration
- UNOS – United Network for Organ Sharing
  (Federally charged entity that oversees donation and transplantation in the US)
- The Joint Commission
- NJ Board of Health
- NJ Hero Act: Public policy requiring education in nursing schools and high schools on organ and tissue donation. This act also requires that all nurses have one contact hour on donation before February 7, 2014.
What are the Joint Commission Requirements? 
Hospitals Conditions of Participation

• Hospital must refer all deaths to NJ Sharing Network. Referral must be “timely” (within 1 hour) and “imminent” (Vented Patients with non-survivable neurological injury).

• NJ Sharing Network conducts monthly medical record reviews to ensure compliance with regulations. (NJSN is HIPAA exempt)

• Only staff trained or employed by NJ Sharing Network may offer families the option of donation. They are the designated requestors for all hospitals.

• NJ Sharing Network must determine medical suitability.
Primary Services of an Organ Procurement Organization (OPO)

- Coordinate surgical recovery organs and tissues.
- Allocate organs per United Network for Organ Sharing guidelines. (go to [www.unos.org](http://www.unos.org) for more information on how organs are allocated)
- Provide comprehensive bereavement aftercare program for all donor families.
- Provide professional and public education in an effort to increase donor designation through the state registry.
Why Donation Matters…

- In the United States over 115,000 people are waiting for a life-saving organ transplant
- 3,000 new patients are added each month to the waiting list
- Only 1 in 5 patients will receive a transplant this year
- Nearly one-third of the people waiting will die while on the transplant waiting list
- One person on the waiting list dies every 2 hours
- Less than 1% of all deaths are medically suitable to become organ donors!

(For up to the minute statistics visit: www.NJSharingNetwork.org)
Those who die waiting didn’t die from an incurable disease. Many of them could have been saved, if more people registered as organ donors.

Romano DiNizo

Romano and his family at NJ Sharing Network’s 5K walk/run one month before his passing.
The Impact of Donation:

- **1 organ donor** can save up to **8 lives** by donating their **heart, lungs (2), liver, kidneys (2), pancreas and intestine**.

- A single tissue donor can restore health for **50-75** people through the gift of corneas, bone, skin, heart valves, and other soft tissue.
Two Types of Donation: Organ & Tissue

- Cardio-Respiratory Death
  - Loss of cardiac function
  - Loss of respiratory function

- Non-Recoverable Brain Injury (Ventilator Dependent)
  - Irreversible loss of all brain stem & brain stem function in absence of metabolic or pharmacologic inhibitors
  - Family is discussing withdrawal of life-sustaining measures

Potential Tissue Donor

Corneas, Heart Valves, Skin, Long Bones, Saphenous Veins

Potential Organ Donor

Heart, Lungs, Liver, Pancreas, Intestine, Kidneys & Tissues
One Organ Donor Can Save 8 Lives

Christopher
Kidney Recipient

James
Kidney/Pancreas

Aliyah
Heart Recipient

Denise
Double-lung recipient

Anthony
Liver Recipient

Kelly
Heart Recipient

Mike
Kidney Recipient

Jim
Liver Recipient
Refer **all** deaths within 1 hour

*RN is required to document the Date - Time - Outcome*

- If medically suitable, place a hold on the body.
- NJ Sharing Network will request the phone number for family.
- NJ Sharing Network may ask to speak to the family if still present in the hospital to discuss donation opportunity.
- Tissues are typically recovered within 12-24 hours of death.
- Tissue recovery does not interfere with funeral arrangements – an open casket viewing is still possible.
### The Power of 1 Tissue Donor

<table>
<thead>
<tr>
<th>Tissue</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corneas</td>
<td>Provide sight</td>
</tr>
<tr>
<td>Skin</td>
<td>Mastectomy Reconstruction, burn wounds, cleft palate repair</td>
</tr>
<tr>
<td>Bone</td>
<td>For orthopedic surgeries such as facial reconstruction, birth defects, and cancer treatments</td>
</tr>
<tr>
<td>Heart Valves</td>
<td>Can be used for up to 3 children with heart defects</td>
</tr>
<tr>
<td>Saphenous Veins</td>
<td>Used in coronary by-pass surgery, dialysis access grafts</td>
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The Power of One Tissue Donor

Jackie’s mom “Po-Po” enhanced 43 through tissue donation.

Susan received the gift of sight, thanks to a cornea transplant.

Pam’s husband Mike has enhanced 57 lives to date through tissue donation.
Question: Why can only < 1% of all people become organ donors?

Answer: Typically only patients on a ventilator with a non-survivable neurological injury can be organ donors.
Clinical Trigger: Potential Organ Donation

Call on All Vented Patients

With 1 or more of these triggers:

- Glasgow Coma Scale (GCS) 5 or Less
- Loss of 2 or more brainstem reflexes: e.g. pupils fixed, no cough, no gag, etc.
- Beginning discussions of Withdrawal, EOL, Prior to Extubation

Refer all patients within 1 hour
Donation after Brain Death

- Brain Death is the irreversible cessation of ALL functions of the brain including the brain stem.
- Brain death is declared by either 2 clinical exams, each performed with an apnea test or 1 Clinical Exam with a confirmatory test which shows no cerebral circulation to the brain. Brain death can be performed by any licensed Critical Care physician, Neurologist or Neurosurgeon. (BD is 1 exam including apnea confirmed with a test of circulation of blood to the brain. If confirmatory is not available or patient is unstable, clinical exam and apnea must be repeated. And qualified physicians include those you mentioned and anyone granted privileges by their hospital.

Donation after Cardiac Death (DCD)

- DCD occurs after a family elects to remove ventilator support and allow natural death to occur. Support is withdrawn in or around the Operating Room area. A transplant team is onsite to recover organs after cardiac death has occurred if cardiac death occurs within approximately 90 minutes of extubation. If death does not occur within this timeframe, comfort care measures are continued until death occurs. At which point, tissue donation may be possible. Organs will no longer be viable for transplant due to prolonged absence of perfusion.
NJ Sharing Network is our Designated Requestor for Organ and Tissue Donation

- Any discussions about donation must be made by NJ Sharing Network staff who are our Designated Requestors.
- NJ Sharing Network will first determine medical suitability and then assess when and how to best approach the family about their donation options.
- NJ Sharing Network’s staff is specially trained on how to approach the donation topic and have the expertise to lead a family through the donation process.
- Please use sensitivity and discretion when involved in any potential donation opportunity.
Donor Designation

- New Jersey ranks 44 out of 50 states with only 32% of the 18+ population registered.
- Registering as a donor and sharing that decision with your family is essential to ensure your wishes are carried out.
How to Register

• Indicate your wishes by signing up when you renew your driver’s license or state issued ID.

• Register online at www.NJSharingNetwork.org.

• Document your wishes through an Advanced Directive or Living Will.

• Register through the mail on a paper registry form.
Another Important Step..

Tell your family or legal next of kin what your wishes are regarding donation.
First Person Authorization in New Jersey…

- Registering as an Organ Donor is consenting to organ and tissue donation for the purpose of transplantation.
- Your decision cannot be revoked by anyone but you.
- This does not include living donation, whole body donation or research.
NJ Transplant Programs

- Newark Beth Israel – Heart, Lung, Kidney, Pancreas
- Hackensack – Kidney and Pancreas
- Our Lady of Lourdes – Liver, Kidney, Pancreas
- Robert Wood Johnson – Heart, Kidney, Pancreas
- St. Barnabas – Kidney and Pancreas
- University Hospital – Liver
Our Family Support Aftercare Program Provides On-going Services to Donor Families

Donor Families & Recipients Meeting

Annual Donor Family Memorial Program

Medal for Donor Families

Comfort Shawls provided for Donor Families
Donor Family and Recipient Meeting

Heart Recipient, Joe DiSanto (left) met the mother of his donor, Guiliana Crousillat (right). Guiliana’s daughter’s gift gave Joe a second chance at life.
In Summary:

- For potential tissue donation: Refer every death that occurs in a hospital within 1 hour of cardiac death.

- For potential organ donation: Refer any vented patient with loss of 2+ brainstem reflexes within 1 hour, or family discussion of withdrawing ventilator support.

- Ensure that every approach is made by, or in collaboration with, NJ Sharing Network.
Separating Myths from Reality.
**Myth:** If physicians know you’re an organ donor, they won't work as hard to save you.

**Fact:** When you are admitted to a hospital the number one priority is to save your life. Organ donation can only be considered after your injuries are deemed non-survivable by a physician. NJ Sharing Network, a separate entity from the health care team, only gets involved after all attempts to save your life have been exhausted.
Common Myths Of Organ Donation

**Myth:** When you’re waiting for a transplant, your financial or celebrity status may help you move up on the list.

**Fact:** Your place on the transplant waiting list is determined by the severity of your illness, time spent waiting, blood type, and other important medical information. Financial or celebrity status cannot change your place on the wait list.
Myth: You cannot donate your organs or tissues because of your past medical history.

Fact: NJ Sharing Network is responsible for determining medical suitability for organ and tissue donation. There is no upper age limit for organ donation and in fact, many co-morbid factors do NOT preclude one from being an organ donor.
Myth: If you agree to donate your organs, your family will be charged for the costs.

Fact: There is no cost to the donor’s family or estate for organ and tissue donation.
Speaking with Sensitivity

Harvest
Crops are harvested, not people.

More sensitive words would be: Procure or Recover
85% of the American public supports organ donation

93% believe donation allows something positive to come out of death

89% believe transplant recipients gain additional years of healthy life

Yet only 29% have had a family discussion about donation!
Get Involved!

- Register to be an organ & tissue donor & share your decision with your family. Go to www.NJSharingNetwork.org
- Spread the message that organ donors save lives & encourage your friends and family to register.
- Fan us on NJ Sharing Network Facebook.
- Follow us on twitter @NJSharing
- Subscribe to our mailing list
Walk with us at our annual 5K!

To Honor Those Who Gave

To Celebrate Those Who Received

And To Give Hope to Those Who Continue To Wait……