

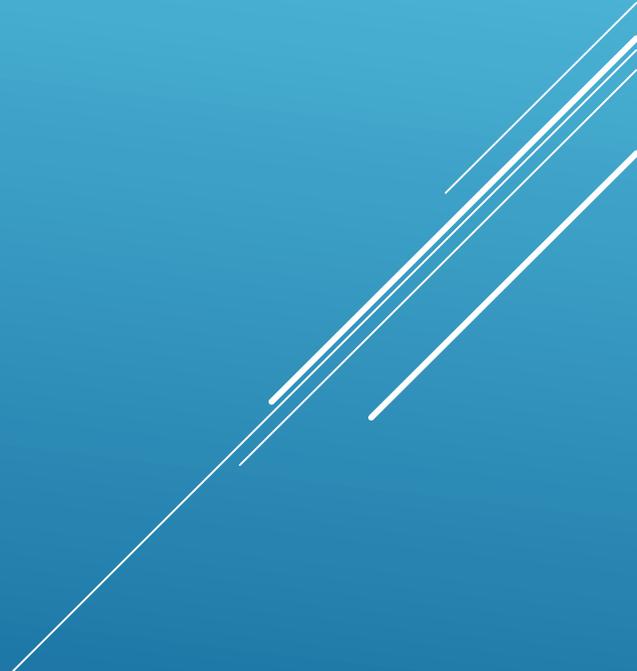
# LIFESHARING

## WHO WE ARE AND WHAT WE DO

*Things I never knew about Organ Donors, Donor Management and Transplantation*

I have no relevant financial disclosures

**DISCLOSURE**



## Following this activity, participants should be able to:

1. Describe the role and primary functions of an organ procurement organization
2. Discuss organ donor eligibility guidelines
3. Review the latest organ donation statistics
4. Summarize the legal requirements for physicians and hospitals related to organ donation
5. Employ strategies for discussing organ donation options with your patients

# EDUCATIONAL OBJECTIVES

# WHAT IS LIFESHARING

Life sharing is one of 58 federally designated 'Organ Procurement Organizations'

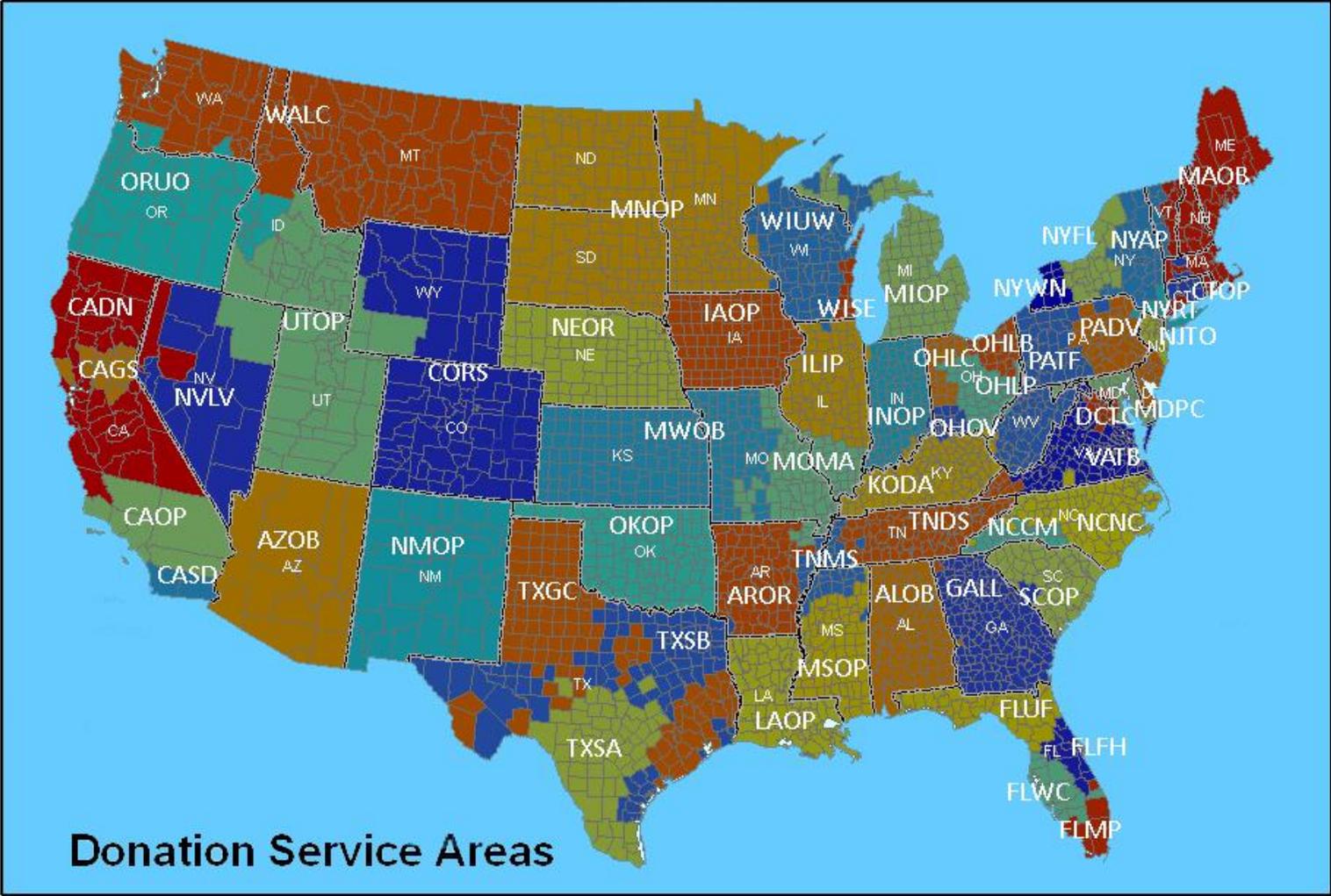
We cover San Diego and Imperial Counties, about 3.5 million people

OPO's are a very highly regulated industry with constant oversight

We are reviewed by CMS, the Joint Commission and DHHS among others

Our statistics are published openly and reviewed regularly

The Medical Director is responsible to provide all the organs possible for our area and assure they are safe organs for transplant



# THE 58 OPOS



# CALIFORNIA'S OPOS



# ORGAN DATA, 2019

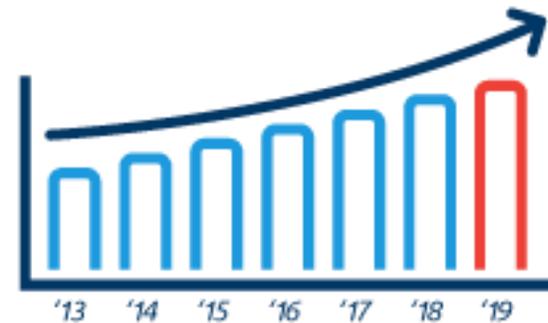
- ▶ Donors: 129
- ▶ Organs Transplanted: 415
- ▶ Authorized no recovery: 40
- ▶ OTPD: 3.22
- ▶ SCD: -4.13 (n=71)
- ▶ ECD: -2.32 (n=25)
- ▶ DCD: -1.94 (n=33)
- ▶ DCD / Percentage: 26%
- ▶ Organ Referrals: 208/month (average)
- ▶ Organ Referral Total: 2496 (2018: 2294)
- ▶ Fly-outs: 92
- ▶ Living Donors: 27
- ▶ Imports: 68
- ▶ Organs for research: .54/donor
  - ▶ 70 organs placed in 2019 (44 placed in 2018)

# 2019: Record number of lives saved

**10.7%**   
increase  
in the number  
of deceased  
donors\*  
*Almost 40,000  
total transplants*

 Almost **7,400** living  
donor transplants\*  
*New record number*

**8.7%** increase  
in transplants  
from 2018\*  
*7th year of increase*



\*Based on OPTN data as of January 7, 2020. Data subject to change based on future data submission or correction.



## 2019 STATS

# A PERSONAL EXPERIENCE WITH ORGAN DONATION

Karen Tipler, MD

Associate Medical Director

Sorrento Mesa Urgent Care, SRS

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# THE WAIT LIST

## At a glance

- ▶ 112,615
- ▶ people needing a lifesaving organ transplant (total waiting list candidates). Of those, 73,085 people are actively on a wait list.
- ▶ 39,718 lifesaving transplants performed in 2019
- ▶ As of 01/15/2020
- ▶ 19,249 Total Donors January - December 2019 as of 01/19/2020
- ▶ \*Active candidates are currently suitable for transplantation and eligible to receive organ offers

- ▶ Local Statistics
- ▶ as of 12/04/2019
- ▶ **2,000** Patients on the Transplant Waiting List
- ▶ **415** Organs Transplanted from San Diego Area Organ Donors in 2019
- ▶ 71 Patients Died Waiting for an Organ in 2018

## LOCAL STATISTICS

### Clinical Triggers

Patients on a ventilator who meet one or more clinical triggers are typically seen in critical care units and emergency departments.

All cardiac dead patients must be referred to Lifesharing, regardless of vent status. All units are encouraged to refer cardiac dead patients as soon as possible, because there is a short window of time for tissue

**Call 1-888-4A-DONOR**  
**within 1 Hour**

*Regardless of age, diagnosis or PMH*

**Ventilated patient with...**

Neurological insult/injury/anoxia

**OR**

CPR/Initiation of hypothermia protocol

**OR**

Change of code status toward DNR

**OR**

Discussions of withdrawal of support

**ALL Cardiac dead patients...**

**Call immediately!**

# HOW DO WE IDENTIFY DONORS ?

After the Initial Referral

**Once an initial referral is made...**

1. Lifesharing RN will call back to gather additional information about the patient
2. On-site evaluation may be made
3. Lifesharing may continue to follow the patient for up to 2 times per day for several days

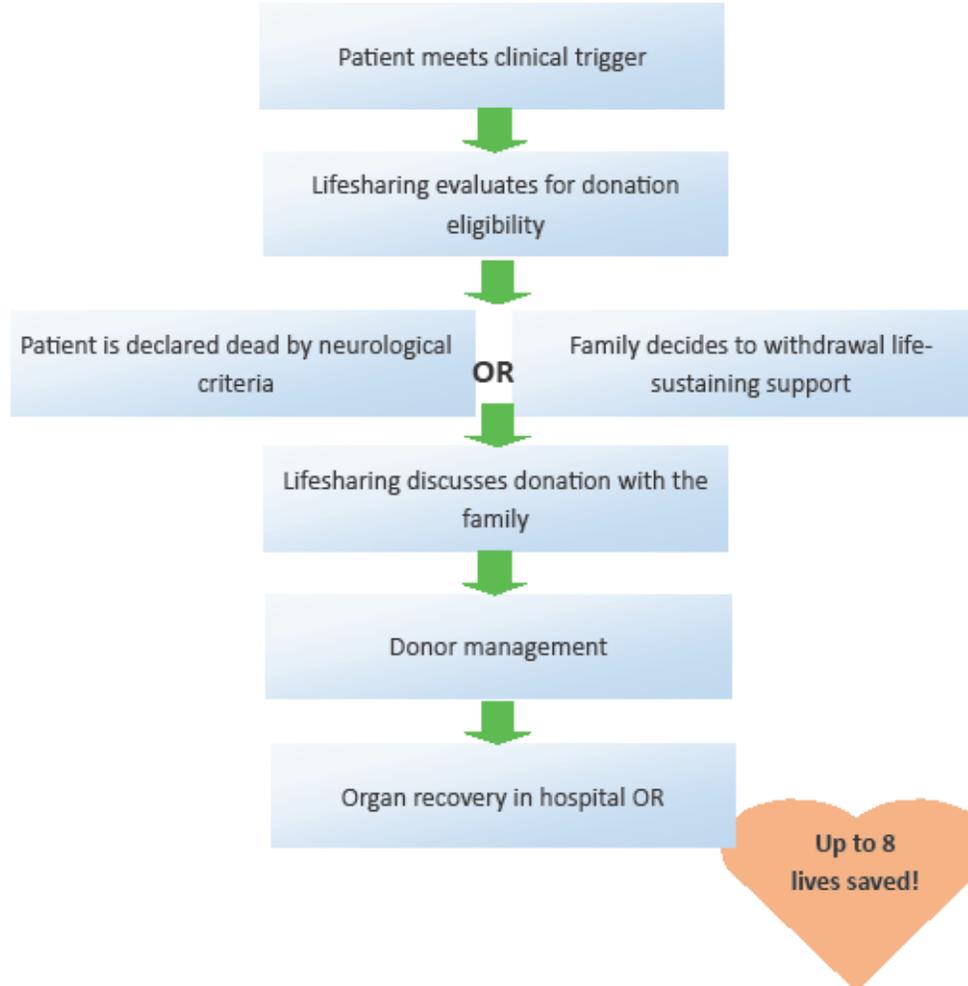
Did you know?

Only a small number of people become clinically eligible to be organ donors.

**Remember:**

- Please, do not bring up donation to the family
- Please call us if:
  - The patient deteriorates neurologically
  - There are discussions about withdrawal of support

# LIFESHARING EVALUATION



Up to 8  
lives saved!

# WHAT HAPPENS AFTER REFERRAL ?

## Pre-Mentioning Donation

We know our hospital partners are skilled in having sensitive conversations with families.

So why do we ask you not to mention donation during end-of-life conversations?

- **Timing** — We want to give families time to understand a non-survivable diagnosis.
- **De-Coupling** — When Lifesharing brings up donation, it prevents families from perceiving any conflict of interest on behalf of the hospital.
- **Eligibility** — We want to be sure we have properly evaluated a patient for donation opportunities before speaking with their family.
- **Designated requestors**—Lifesharing has trained designated requestors to speak with families and answer all of their questions about donation.

Lifesharing considers a range of factors when considering approaching a family about donation, and we always want to huddle with you prior to our approach.

### What if a family brings up donation?

Tell them, "My commitment is to care for your loved one. I will contact an expert in that field and ask them to speak with you."

IF YOU THINK A PATIENT  
OF YOURS MAY BE AN  
ORGAN DONATION  
CANDIDATE PLEASE DO  
NOT MENTION DONATION  
TO THE FAMILY !



# Hospital Organ Referral Outcome Summary Report

Report Date: 1/1/2019 to 12/31/2019  
Year of Data Category Based On: 2019

Name	County	# Ref	# Eligibles	#Missed Eligibles	# Donors	Eligible Donors	Beyond Eligible Donors	DCD Donor	CMS Conversion Rate	Eligible Donation Rate	# Org Tx'd	OTPD
<b>Category A</b>												
Palomar Medical Center	San Diego	339	14	0	23	13	2	8	96%	93%	60	2.61
Rady Children's Hospital of San Diego	San Diego	45	11	0	12	10	1	1	92%	91%	47	3.92
Scripps Memorial Hospital La Jolla	San Diego	356	10	0	15	8	1	6	88%	80%	44	2.93
Scripps Mercy Hospital San Diego	San Diego	286	6	0	8	6	0	2	100%	100%	22	2.75
Sharp Grossmont Hospital	San Diego	379	9	0	13	7	0	6	87%	78%	33	2.54
Sharp Memorial Hospital	San Diego	241	11	0	14	9	0	5	88%	82%	48	3.43
UC San Diego Medical Center -- Hillcrest	San Diego	217	12	0	14	10	1	3	88%	83%	44	3.14
<b>Total For Category A</b>		<b>1863</b>	<b>73</b>	<b>0</b>	<b>99</b>	<b>63</b>	<b>5</b>	<b>31</b>	<b>91%</b>	<b>86%</b>	<b>298</b>	<b>3.01</b>
<b>% of Total For Category A</b>		<b>63%</b>	<b>72%</b>	<b>0%</b>	<b>77%</b>	<b>72%</b>	<b>63%</b>	<b>94%</b>			<b>72%</b>	
<b>Category B</b>												
Kaiser Permanente San Diego Medical Center	San Diego	59	1	0	1	1	0	0	100%	100%	4	4.00
Kaiser Permanente Zion Medical Center	San Diego	59	0	0	0	0	0	0	0%	0%	0	0.00
Scripps Green Hospital	San Diego	40	1	0	1	1	0	0	100%	100%	2	2.00
Scripps Mercy Hospital Chula Vista	San Diego	129	1	0	1	1	0	0	100%	100%	3	3.00
Sharp Chula Vista Medical Center	San Diego	172	8	0	9	6	2	1	82%	75%	32	3.56
Tri-City Medical Center	San Diego	152	7	0	8	7	0	1	100%	100%	38	4.75
UC San Diego Jacobs Medical Center	San Diego	194	3	0	2	2	0	0	67%	67%	8	4.00
<b>Total For Category B</b>		<b>805</b>	<b>21</b>	<b>0</b>	<b>22</b>	<b>18</b>	<b>2</b>	<b>2</b>	<b>88%</b>	<b>86%</b>	<b>87</b>	<b>3.95</b>
<b>% of Total For Category B</b>		<b>27%</b>	<b>21%</b>	<b>0%</b>	<b>17%</b>	<b>20%</b>	<b>25%</b>	<b>6%</b>			<b>21%</b>	

# TYPES OF ORGAN DONATION

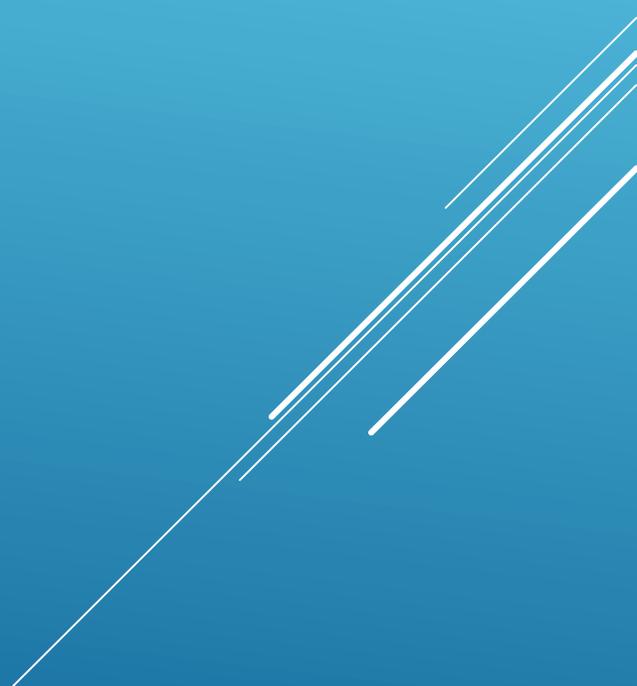
- ▶ Standard Criteria Donation
  - ▶ Brain Death by standard means
- ▶ Extended Criteria Donation
  - ▶ Less 'favorable' donors
    - ▶ Older age
    - ▶ Poorer organs (high KDPI)
    - ▶ Some infectious diseases previously denied
- ▶ Donation after Circulatory Death (DCD) , the largest untapped source of organs
  - ▶ Family has decided to withdraw support
  - ▶ Can be quite complex logistically

# A PERSONAL EXPERIENCE WITH TRANSPLANTATION

Marlon Gardinera

Scripps Ranch High School Coach

Liver transplant recipient



# LAWS AROUND ORGAN DONATION

- ▶ Uniform Anatomical Gift Act (1968-72)
- ▶ Established the validity of donor cards and 'first person consent'
- ▶ Uniform Brain Death Act (1978)
- ▶ Established concept of brain death
- ▶ Uniform Determination of Death Act
- ▶ Death is 'irreversible cessation of Cardio-pulmonary function or brain function (including the brainstem)

# UNIFORM ANATOMICAL GIFT ACT (1968)

- ▶ By **1972** all States have passed some version of the original Act.
- ▶ **This is the law that provided for the legalization of organ and tissue donation at the state level.**
  - ▶ Although it is called “Uniform” each State law has variations and all of these state laws have been amended repeatedly over the last 15 years.
  - ▶ Other provisions:
    - ▶ Established validity of donor card
    - ▶ Recognized “first person consent”
    - ▶ Establishes hierarchy regarding who can make “the gift”
- ▶ Revised in 1987
- ▶ Revised again in 2006

# UNIFORM BRAIN DEATH ACT (1978)

- ▶ Need for a concept of brain death
  - ▶ Increasing use of life support technologies
  - ▶ Organ transplantation
- ▶ Reflected the Ad Hoc Committee of the Harvard Medical School recommendations (1968)
- ▶ Commission defined brain death:
  - ▶ **“Patient exhibiting irreversible cessation of all functioning of the entire brain, including the brainstem, is dead when determined according to reasonable medical standards”**

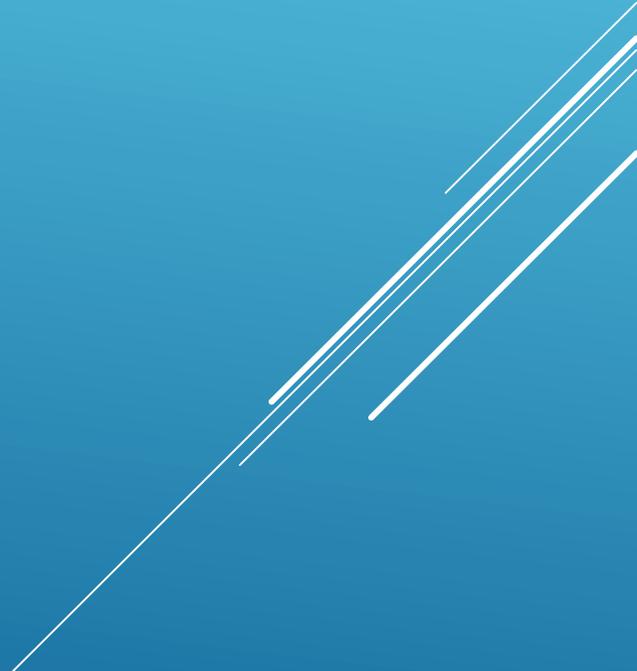
# UNIFORM DETERMINATION OF DEATH ACT (1980)

- ▶ Significant controversy about brain death; AMA, ABA, President's Commission wanted clarification...
- ▶ **1980:** State law which expanded the traditional definition of death (cardiac death) to include brain death.
  - ▶ 50 states have adopted a version of this law.
  - ▶ **death by irreversible cessation of cardio-pulmonary function or brain function (including the brainstem)**

# SHARP HEALTHCARE POLICY FOR BRAIN DEATH

- ▶ Regardless of Lifesharing involvement, brain death should be diagnosed expeditiously and not given as a choice to families.
- ▶ 2 licensed physicians must independently confirm the diagnosis and each must practice within Neurology, Neurosurgery or Critical Care Medicine. One of these physicians should be an active member of the patient's care team.
- ▶ For donor cases, Lifesharing has a responsibility to verify death and will review brain death documentation to validate it meets requirements set forth in the 2010 AAN Guidelines.

# FEDERAL LAWS

- ▶ End Stage Renal Disease Act (1972)
  - ▶ National Organ Transplant Act (1984)
  - ▶ Omnibus Budget Reconciliation Act of 1986
  - ▶ Health Omnibus Programs Extension Act of 1988
    - ▶ Organ Transplant Amendments of 1988
  - ▶ Hospital Conditions of Participation (1998)
  - ▶ OPTN Final Rule (2000)
  - ▶ CMS Conditions of Coverage for OPOs (2006)
- 

# END STAGE RENAL DISEASE ACT (1972)

- ▶ **Extended Medicare coverage to kidney transplantation and dialysis.**
  - ▶ Before ESRD, dialysis and transplant were available but not widely utilized due to cost
- ▶ If you have end-stage kidney disease and you do not have insurance then the Medicare program will provide for your treatment of kidney disease.
  - ▶ This includes the cost of dialysis and transplantation.
- ▶ This was an unusual program in Medicare!
- ▶ Generally, the only way an individual receives Medicare is if they are “over 65” or **eligible due to a disability.**
  - ▶ Medicare now covers the cost of Heart, Liver and Pancreas Transplantation, but you must meet the Medicare eligibility requirement of over 65 or disabled. This is not the case with the ESRD program.

# NATIONAL ORGAN AND TRANSPLANT ACT (NOTA) 1984

- ▶ **1st federal legislation on organ donation**
- ▶ **Some key provisions...**
  - ▶ **Prohibited the buying and selling of organs**
  - ▶ **Established a Task Force on organ procurement and transplantation**
  - ▶ **Established the Organ Procurement and Transplantation Network (OPTN)**
  - ▶ **Called for nationwide computer registry & matching system**
  - ▶ **Required OPOs to have agreements w/hospitals**
  - ▶ **Formation of scientific registry of transplant recipients**

# OMNIBUS BUDGET RECONCILIATION ACT (OBRA) 1986

- ▶ An Amendment to NOTA
  - ▶ Transplant centers must be members of the OPTN and follow its policies/procedures to receive Medicare/Medicaid payment
  - ▶ **OPOs must be certified by HHS as “qualified OPO” and there is to be only one designated OPO per service area**
  - ▶ OPOs must be members of OPTN to receive reimbursement for procurement
  - ▶ **Hospitals (participating in Medicare/Medicaid) must have protocols for identifying and referring potential donors**
  - ▶ **Established concept of Required Request: “All families must be offered the option of donation on medically suitable donors”**

# HOSPITAL CONDITIONS OF PARTICIPATION (1998)

- ▶ **1998** Regulation under the Centers for Medicare and Medicaid Services (CMS)
  - ▶ *Previously Health Care Financing Act (HCFA)*
- ▶ **Requirements upon hospitals in order to receive Medicare/Medicaid reimbursement**
- ▶ Why was the regulation enacted?
  - ▶ Significant progress in the science of transplantation.
    - ▶ Widening gap between those who could benefit from transplantation and available organs.
  - ▶ 37% organ utilization rate.
    - ▶ Estimated 12,000 to 15,000 deaths each year in the US could yield suitable donor organs.
    - ▶ Approx. 5,500 of these deaths resulted on the organ donation.

# CONDITIONS OF PARTICIPATION (COP): 5 REQUIREMENTS

- 1) Hospital must have an agreement with the Organ Procurement Organization (OPO) designated by the Federal Government
  - *Memorandum of Understanding (MOU)*
- 2) Hospital must contact OPO on every death or when death is imminent
  - *Process known as **Routine Referral.***
- 3) Hospital must have an agreement with at least one tissue bank and one eye bank
  - *Cooperate in the retrieval, processing, preservation, storage and distribution of tissues and eyes.*
  - *Must NOT interfere with organ donation.*
- 4) Hospital must ensure that the family of every donor is informed of the option to donate organs and tissues
  - *Known as **Required Request.***
  - *Rule requires that requestor to be educated in the consent process.*
- 5) Hospital must work with OPO to:
  - ***Educate staff of donation issues.***
  - ***Review death records to improve identification of potential donors.***
  - ***Maintain potential donors while necessary testing and allocation occurs.***

# OTHER FEDERAL LAWS

- ▶ Goal to improve OPO performance and increase organ donation
- ▶ Established new outcome and process performance measures based on actual organ donor potential in each donation service area (DSA)
  - ▶ Requirements for Certification and Designation as an OPO
  - ▶ OPO outcome measures such as donation rate and organ yield per donor
  - ▶ OPTN performance measures related to organizational structure and relationships; human resources; data management and reporting; donation request process; donor evaluation, testing and management; and quality improvement
- ▶ The HOPE act of 2013
- ▶ HIV Organ Policy Equity Act
- ▶ Signed into law by President Obama
- ▶ Allows for the donation and transplantation of organs between two HIV+ people
- ▶ Could lead to 600 additional transplants per year
- ▶ As of 3/11/2016 one center has HIV patients listed for transplant

# SUMMARY

- ▶ The job of the OPO is to maximize the life saving opportunity of organ donation with the assistance of local health care facilities
- ▶ Although you may not manage possible organ donation patients, you can discuss organ donation with your patients when you discuss overall healthcare issues
- ▶ Encourage your patients to register as a donor
- ▶ Thank you to our personal experience speakers!!