Slide 1

Designated Tissue Requestor Recertification Workshop

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Slide 2

Agenda

• Purpose
• Mission, Vision, Values
  – Donor Alliance & Rocky Mountain Lions Eye Bank
• Referral Process Review
• Tissue Review
• Approach Hints
• Registry Review
• Authorization Form Review
• Knowledge Assessment

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Slide 3

The Purpose

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Slide 4

**Mission, Vision, Values - Donor Alliance**

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Slide 5

**Rocky Mountain Lions Eye Bank**

To fulfill the wishes of eye donors and their families, help another overcome blindness through transplantation and research.

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Slide 6

**Referral Process Review**
Bone & Vertebral Segments

Heart Valves

Entire heart is recovered then sent to processor.
Valves are recovered.
Valves then go to pediatric recipients as well as some adults.

How Are You Introduced To The Family?
- By a teammate?
- As a member of the medical or healthcare team?
- As specially trained in helping the family or authorizing person in situations similar to yours?
Slide 13

**Conversation Starters**

- "I'm here to help you make a few end-of-life decisions. I'm going to give you information that will help you and your family."
- Refer to donated tissue as 'Gifts'

Slide 14

**Conversation Considerations**

- Use open-ended questions; build on their words
- Help the authorizing person visualize how donation helps others in cases of non-registered donors
- Be fully present; listen, clarify and respond to their questions
- This is a gift from their loved one

Slide 15

**Conversation Considerations**

**DO...**
- Be prepared
- Be patient (move at their pace)
- Embrace silence to allow them to process
- Offer support

**DON'T...**
- Offer "canned" approach to all families or authorizing persons
- Monopolize the conversation
- Rush
Common Questions

Is an open casket and viewing possible?
Yes, restoration always takes place.

Will it cost money to donate?
There will be no cost to the donor's estate or family for donation.

Will it delay funeral plans?
Generally, there are no delays to funeral plans.

Donation and the Grieving Process

Donor Registry

- Legally binding
- Confidential database
- Accessed only at or near time of death
Registry Verification Form

- Faxed to hospital by the Donor Information Line
- Provide a copy to the family
- Put original in donor's chart
- Recovery agency will review this document with family

Authorization for the Donation of Tissues Form

Correct Use of the Form
The Correct Authorizing Person

'Other' Boxes
Take Time to Review

Common mistakes:
• Not checking the box to authorize for research
• am/pm not circled
• Tissue boxes left blank
• Other boxes left blank
• Names not eligible

Knowledge Assessment

1. Who can call the Donor Information Line within the 60 minute time frame?

Any staff member at the hospital who has access to the patient's chart to provide info for the screening can make the referral call to the Donor Information Line.
2. When does the Designated Requestor speak with the authorizing person or family?
   a. After the family is informed of the patient death.
   b. Before determining eligibility for donation.
   c. While the family is leaving the hospital.
   d. While the family is in a crowded waiting room.

3. Families remember most how they were treated, not necessarily the particular details of the donation conversation.
   True or False
3. Families remember most how they were treated, not necessarily the particular details of the donation conversation. True or False

4. If the patient is on the Donor Registry, do you need to complete the Authorization for Donation of Tissues form? Yes or No

The Registry Verification form is faxed to the hospital. Please provide a copy to the family.
5. If the patient’s family is not physically present, you should:
   a. Call the family and approach over the phone.
   b. Call the Donor Information Line and inform them so someone from the recovery agency can reach the family on a recorded phone line.
   c. Nothing. If no family is present, donation isn’t a possibility.

6. You are considered a Designated Tissue Requestor, but you can still approach families of potential organ donors. True or False
6. You are considered a Designated Tissue Requestor, but you can still approach families of potential organ donors. True or False

Staff from Donor Alliance will work with families of potential organ donors.

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7. The Centers for Medicare and Medicaid set the rules for eye, organ and tissue donation; and all hospitals receiving CMS funding must comply. True or False
8. Every death that takes place in a hospital must be referred to the Donor Information Line within 60 minutes.
True or False

9. List three tissues that can be donated:
______________, _____________, _____________
9. List three tissues that can be donated:
   Eyes, skin, bones, vertebral segments, heart valves

10. You should recertify as a Designated Tissue Requestor annually.
   True or False
Slide 49

A simple act of kindness can make a tremendous impact on a person's life.

Slide 50

Thank you for your help.
Authorization for the Donation of Tissues

For use under the Revised Uniform Anatomical Gift Act. Do not use this form if patient is a registered donor.

I, ________________________________, am legally authorized to make the gift of donation for ________________________________. My relationship is: ________________________________

**Numbers indicate order of priority**

- □ 1. Medical Power of Attorney / Agent
- □ 2. Spouse
- □ 3. Adult child
- □ 4. Parent
- □ 5. Adult sibling
- □ 6. Adult grandchild
- □ 7. Grandparent
- □ 8. Adult exhibiting special care/concern
- □ 9. Court appointed guardian
- □ 10. Person authorized to arrange for final disposition of the body

I hereby authorize the donation of his/her:

<table>
<thead>
<tr>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Tissue</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Vertebral Segments</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Heart for Valves and Associated Anatomy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Skin Grafts</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Upper Body Bone / Soft Tissue</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Other:</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lower Body Bone / Soft Tissue</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Other:</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training. □ YES □ NO

**DISCLOSURES**

- In making this gift, you declare that you have no knowledge that the donor made a refusal to donate.
- The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance, a non-profit organization. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.
- The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.
- Organs and tissues may be transplanted locally, regionally, nationally, or internationally.
- All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.
- Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.
- A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.
- Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.
- For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

Authorizing Person’s Signature: ________________________________ Printed Name: ________________________________ Date: ___________ Time: _______ a.m. / p.m.

Telephone: ________________________________ Alternate Phone: ________________________________ Email Address (optional): ________________________________

Mailing Address: ________________________________ City, State, Zip: ________________________________

Witness Signature: ________________________________ Witness Printed Name/Relationship: ________________________________

The authorization for donation was explained and witnessed by: ________________________________

Designated Requestor Signature: ________________________________

Printed name/Title: ________________________________ Institution: ________________________________

Donor Number________________

Original: Medical Record
Yellow: Recovery Agency
Pink: Family

DA Form #: SD100.01.xx2
RMLEB #: PR-CONS-002-3_EN
Rev. Jan. 1, 2017
The person named below has listed himself/herself in the Donor Registry. This is a legal authorization to donate all eligible organs and tissues upon his/her death for transplantation. **No other authorization or signature is necessary.**

<table>
<thead>
<tr>
<th>Driver's License/ID number</th>
<th>Renewal Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td>Source</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Referral #</td>
</tr>
<tr>
<td>Residential address:</td>
<td></td>
</tr>
</tbody>
</table>

### Exceptions:

- The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance*, a non-profit organization, or to the appropriate organ procurement organization or tissue bank, for the purpose of transplantation, therapy, research or education. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.

- The gift of eye tissue for the purpose of transplantation is made to the Rocky Mountain Lions Eye Bank*, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

- Organs and tissues may be transplanted locally, regionally, nationally, or internationally.

- All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.

- Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.

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*In the Wyoming counties of Sweetwater, Lincoln and Uinta, the recovery agencies are Intermountain Donor Services and the Utah Lions Eye Bank of Salt Lake City.*