

Part 1

DESIGNATED TISSUE REQUESTOR WORKSHOP

Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank.



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AGENDA

- Overview of recovery organizations, the Donor Registry and UAGA law
- Designated Requestor background and your role
- Understanding tissue gifts

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DONOR ALLIANCE

- Federally Designated Organ Procurement Organization (OPO) for CO & WY
- Facilitates the recovery of organs and tissues for transplantation
- www.donoralliance.org



Information contained in this presentation is a collaboration between Denver Alliance and Rocky Mountain Users Eye Bank.



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MISSION

Donor Alliance saves and
heals lives through organ
and tissue donation and
transplantation.

VISION

Maximizing all donation
opportunities

CORE VALUES

- I Integrity
- L Leadership
- E Excellence
- A Accountability
- P People First

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ROCKY MOUNTAIN LIONS EYE BANK

- Responsible for recovery and transplantation of eye tissue in CO & WY
- Independent organization sponsored by Lions Clubs of CO & WY
- www.corneas.org



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RMLEB'S MISSION

- To fulfill the wishes of eye donors and their families to help another overcome blindness through transplantation and research
- Dedicated to our mission, will do whatever we can to fulfill the donor's wish

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- CMS Conditions of Participation for Hospitals

- Hospital Policies have designated who are to be trained as Designated Requestors

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STATE DONOR REGISTRY

Confidential

Legal
Consent

Opt-In

Not
Exclusive to
DMV



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AUTHORIZING PERSONS HIERARCHY

1. Medical Power of Attorney/Agent
2. Spouse (includes common law in CO)
3. Adult Child
4. Parent
5. Adult Sibling
6. Adult Grandchild
7. Grandparent
8. Adult exhibiting special care and concern
9. Court appointed guardian
10. Person authorized to arrange for final disposition of the body

95%*

*HRSA. 2012 National Survey of Organ Donation Attitudes and Behaviors

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Myths vs. Facts

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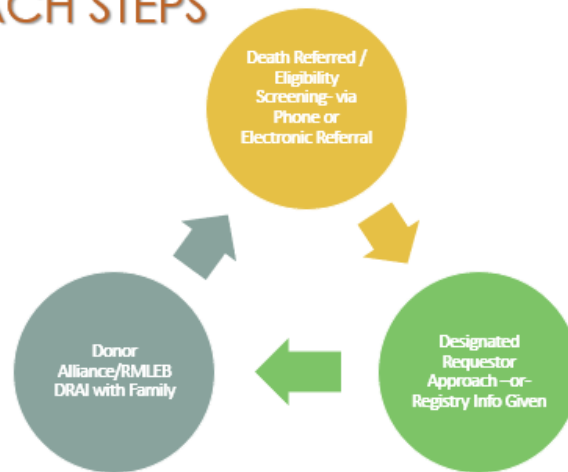


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TISSUE APPROACH STEPS



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Class Review

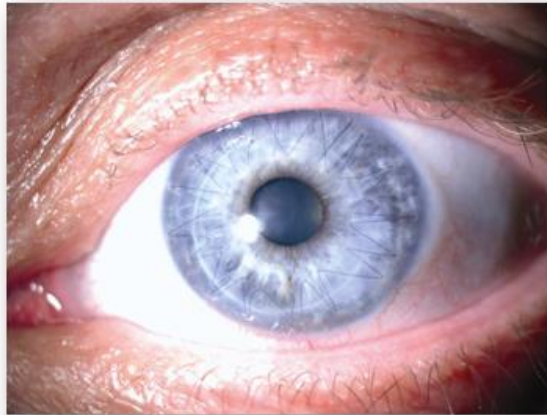


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CORNEAS



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SCLERA



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BONE/SOFT TISSUE/VERTEBRAL SEGMENTS



Kacey's Story

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 **DONATE LIFE**
Colorado & Wyoming

 **Malcolm Baldrige**
National Quality Award
2018 Award Recipient

 **rmleb**
ROCKY MOUNTAIN LIONS EYE BANK
Share the circle of life

 **EBAA**
ACCREDITED

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SKIN



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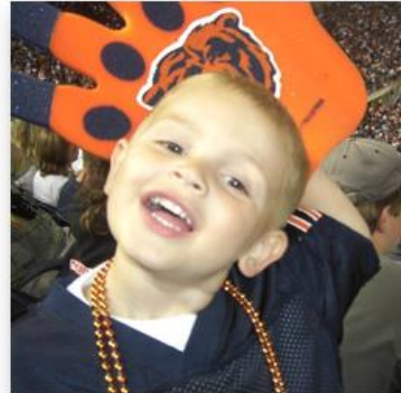


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HEART VALVES

Matthew



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QUIZ



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Part 2

DESIGNATED TISSUE REQUESTOR WORKSHOP

Donor Alliance

Rocky Mountain Lions Eye Bank

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-
- A photograph showing two men from behind, sitting on a dark metal railing. They are looking out over a vast, rolling green landscape under a bright sky. The man on the left is wearing a light green long-sleeved shirt and dark trousers. The man on the right is wearing a brown long-sleeved shirt and dark trousers, and he is pointing his right hand towards the horizon. The landscape is lush and green, with some trees visible in the distance.



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Any questions about the pre-work?



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1. Introduction/Condolences
2. Before the Pause (BTP)
 - Tell about opportunity to help others
 - Description of chosen tissue to present and who it helps
 - Address the three common concerns
3. Ask the Question
4. Clarify any Concerns
5. Authorization Form if “Yes”

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Let's build our script



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1. Introduction and Condolences







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1. Introduction and Condolences

- Introduce; Clarify who you're speaking to, Here to help; Condolences; Offer Assistance/Answer Questions

I, _____, am legally authorized to make the gift of
(full legal name of authorizing person)
donation for _____. My relationship is:
(full legal name of donor)

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

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- Before the pause, tell about the opportunity to help others
- Explain one tissue eligible to donate
- Address three common concerns (myths)



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3. Asking the question

- This is Legal NOK's choice

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4. Clarify any concerns

- Is it just that one tissue presented that is of concern? Are others acceptable?
- Or is there something specific that they are finding difficult that can easily be addressed?
- If not, the family should be respected of their decision of “No” and thanked for their time.

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5. Family is interested

- Go through all eligible tissues for authorization and move on to complete authorization form
- Inform family of next steps

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Mary Smith, Mom of Decedent

You have verified with the nurse that Sarah was not on the donor registry and that you need to discuss tissue donation options with her next-of-kin.

- ____ Who is legally allowed to make this decision according to the law?
- ____ With the large gathering of family and friends, who should be in the room during the approach?
- ____ Where should the approach take place?
- ____ Have you asked clarifying questions to determine any objections?
- ____ If there is not an agreement between both parties, how should you proceed?



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I, _____, am highly authorized to make the gift of _____, my relationship to _____ is _____.

Notarize (indicate order of priority):

☐ 1. Medical Power of Attorney / Agent
☐ 2. Spouse
☐ 3. Adult child
☐ 4. Next of kin
☐ 5. Adult sibling
☐ 6. Adult grandchild
☐ 7. Grandparent
☐ 8. Adult sibling's spouse
☐ 9. Court appointed guardian
☐ 10. Person authorized to arrange for final disposition of the body

I hereby authorize the donation of:

Tissue	YES	NO	Not Eligible	Tissue	YES	NO	Not Eligible
Eye Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heartbeat or Organism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart for Valve and Associated Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ Tissue (Heart, Lung, Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ Tissue (Heart, Lung, Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ Tissue (Heart, Lung, Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 for advance medical knowledge through research and training. ☐ YES ☐ NO

DISCLOSURE

- In making this gift, you declare that you have no knowledge that the donor made a similar donation.
- The gift of organs, heart, skin, bone, soft tissue and medical specimens is made to Donor Alliance, a non-profit organization. The recovery, distribution, and maintenance of use of these donated gifts will be conducted by Donor Alliance and/or its affiliates in accordance with its policies and procedures.
- The gift of eye tissue is made to Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be conducted by Rocky Mountain Lions Eye Bank in accordance with its policies and procedures.
- Organs and tissues may be transported locally, nationally, or internationally.
- All gifts are made with the intent of medical research and the responsibility of Donor Alliance and/or Rocky Mountain Lions Eye Bank. In making this gift the donor's estate and family members understand and accept the responsibility of the gift.
- Donor Alliance and/or Rocky Mountain Lions Eye Bank will make every effort to maintain any usual changes to the body and to maintain any delay in the funeral and disposition.
- A physician or physician's representative is required to use the recovery of donated organs and/or tissues. In that case, the body may be transferred to the Donor Alliance Recovery Center or to the physician's representative for the body.
- Autopsies 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, genetic testing, and other appropriate tests. Such testing may be required by the recovery, donation, distribution and/or use of the donated organs and/or tissues. The information may be required, relevant and/or necessary to other appropriate parties in order to make these determinations and is reported to the relevant parties.
- No more information or procedures regarding authorization for donation please call (800) 448-6666 or (303) 531-5555.

Authorizing Person's Signature: _____ Printed Name: _____ DOB: _____ POB: _____
Telephone: _____ Email Address (optional): _____
Mailing Address: _____ City: _____ State: _____
Witness Signature: _____ Witness Printed Name (Optional): _____
The authorization for donation was explained and understood by: _____ Organ Recovery Agency: _____
Witness Name/Title: _____ For Recovery Agency Only: Donor Number: _____

Authorization Form

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I hereby authorize the donation of:

Tissue	YES	NO	Not Eligible	Tissue	YES	NO	Not Eligible
Eye Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertebral Segments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart for Valves and Associated Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Grafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Body Bone / Soft Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	✗
Lower Body Bone / Soft Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	✗

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

- When the tissue is NOT an ELIGIBLE option per the Donor Information Line, mark as Not Eligible.
- For each eligible item mark “YES” or “NO.” Every tissue should have a mark in ONE box.
- Always mark the “other” boxes as Not Eligible.
- Always mark the RESEARCH question.

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- 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 the Donor Alliance Recovery Center or 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.

- Must be read with the authorizing person.
- The disclosures are not choices.



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- Let the family know that:

- “You will be getting a call about more end of life decisions.”

- For Eye only eligible donors – please approach all age groups



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Registry Form

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1. Introduction and Condolences







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2. Ask if they were aware their loved one signed up on the Donor Registry

- Ensure you have a copy of the registry verification form to provide to the family.
- Be ready to explain what the registry is if the family does not know what you are referring to.
- Express understanding and normalize if they do not know their loved one was registered.

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- Obtain two phone numbers where the legal NOK can be reached within the next few hours.
- Inform legal NOK someone from the donation organization will be calling soon to give them more information.
- If any concerns, assure them that the correct person with more information will be in touch with them shortly.
- Call the Donor Information Line and relay the two contact phone numbers, inform them of family's initial response and any timeframes or questions they may have expressed.



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