Part 1



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



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MISSION Donor Alliance saves and **CORE VALUES** heals lives through organ and tissue donation and Integrity transplantation. Leadership Excellence **VISION** Accountability Maximizing all donation People First opportunities Donor rmleb Alliance DonorAlliance.org | DonateLifeColorado.org | DonateLifeWyoming.org

EBAA ACCREDITED

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

Donor Alliance

- 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

DESIGNATED REQUESTOR

• CMS Conditions of Participation for Hospitals

Only an OPO staff member or a trained, designated requestor may approach the family of a potential donor for authorization for organ, tissue or eye donation. This regulation recognizes that training and skill are required to guide a family through this crucial decision.

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



STATE DONOR REGISTRY













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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

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

- 8. Adult exhibiting special care and concern
- 9. Court appointed guardian
- 10. Person authorized to arrange for final disposition of the body





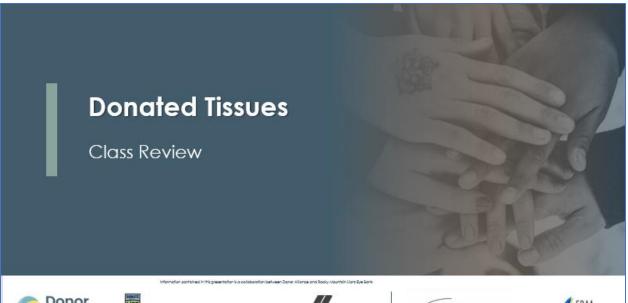






















CORNEAS



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SCLERA







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BONE/SOFT TISSUE/VERTEBRAL SEGMENTS



Kacey's Story

































HEART VALVES

Matthew





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Part 2



Donate Life is the Symbol of the Cause





















CORE VALUES MISSION Donor Alliance saves and heals lives through organ and tissue donation and transplantation. Integrity Leadership **E** Excellence **VISION** A Accountability People First Maximizing all donation opportunities Donor Alliance DonorAlliance.org | DonateLifeColorado.org | DonateLifeWyoming.org

EBAA ACCREDITED

Rocky Mountain Lions Eye Bank

 The Rocky Mountain Lions Eye Bank's mission is to fulfill the wishes of eye donors and their families to help another overcome blindness through transplantation and research.



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Instructor Role Play Non-Registered

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NON-REGISTRY APPROACH

- 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"

nformation contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bar













Non-Registered Approach

1. Introduction and Condolences

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

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Non-Registered Approach

1. Introduction and Condolences

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

Coridolerices, C	71017(3313101100)7(1134V0	a documents	
l,	(full legal name of authorizing person)	, am legally authorized to make the gift o	f
donation for		My relationship is:	
Numbers indicate order of priority	(full legal name of donor) 4. Parent	8. Adult exhibiting special care/concern	
1. Medical Power of Attorney / Agent	5. Adult sibling	9. Court appointed guardian	
2. Spouse	6. Adult grandchild	10. Person authorized to arrange for	
3. Adult child	7. Grandparent	final disposition of the body	
Information contained in	this presentation is a collaboration between Donor Alliance and Rock	cy Mountain Lians Eye Bank	
Donor Alliance DonorAlliance.org DonateLifeColorado.org DonateLife	Malcolm Baldrige **Manual (path) Auril **Manual (path) Auril **Manual Recipies **Manu	ROCKY HOUNTAIN LIONS EYE BANK Shame the circle of light	EBAA ACCREDITED
DonorAlliance.org DonateLifeColorado.org DonateLife	wyoming.org	Corneas.org	

2. Explanation of Tissue Donation Opportunity

- 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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Role Play: Non-Registered













Sarah Jones, Decedent

John Jones, Estranged Husband of Decedent

Mary Smith, Mom of Decedent

You are paged to the MICU for a death. You are told that Sarah Jones, 33 years old, has just died of respiratory failure following a drug overdose. The nurse has told you that the Donor Coordinator wants you to do an approach for bone, heart valves and skin. There is a large gathering of family and friends still on the unit. You have been told that her mother and her estranged husband are both here but are contentious with one another. The mother doesn't feel that he should be there because they have been separated for several years and believes that her daughter turned to drugs because he chose to abandon her.

Before the approach:

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.

Skills you are expected to demonstrate:

____ 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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l,		am legally authorized to make the gift	of
donation for	(full legal name of authorizing person)	. My relationship is:	
Numbers indicate order of priority 1. Medical Power of Attorney / Agent 2. Spouse 3. Adult child	(full legal name of donor) 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	n
• Do not use if the patient is	a registered donor.		
 Authorizing person must be Information Line. 	e physically present to sign!	f not, seek guidance from the Dor	nor
 Family must undergo a recompleted. 	corded phone conversation	the authorization form is not corr	ectly
	ne of donor which should be		
Donor Alliance Charles Charles Charles Charles Charles Charles	Malcolo	Baldrige (Transcotted BOOK) MODIFICATION BY BANK	EBAA
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DonorAlliance.org DonareLireColorado.org L			
DonorAlliance.org DonateLireColorado.org L			

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





ALLIANCE	rization for the Donation of Tissues	(rmleb
Organ & Tissue Donation		ROCKY MOUNTAIN LIONS EYE BANK
l,	(full legal name of authorizing person)	, am legally authorized to make the gift of
donation for	(full legal name of donor)	My relationship is:
Numbers indicate order of priority	4. Parent	8. Adult exhibiting special care/concern
1. Medical Power of Attorney / Agent	5. Adult sibling	S. Adult exhibiting special care/concern 9. Court appointed guardian
2. Spouse	6. Adult grandchild	☐ 10. Person authorized to arrange for
3. Adult child	7. Grandparent	final disposition of the body
Verify the authorizing per	erson is highest priority. Sele	ct only one.
Donor Alliance Organ & Tissue Donation	t in this presentation is a collaboration between Donor Alianoe and Rocky Mountain L Malcolm Baldrige **Collection Control Survey** 2018 Award Recipient	EBAA ACCREDITED South South Tall LIGHT EYE BANK South Circle of Hight
DonorAlliance.org DonateLifeColorado.org DonateLi	feWyoming.org	Corneas.org

I hereby authorize the donation of:

Tissue	YES	NO	Not Eligible	Tissue	YES	NO	Not Eligible
Eye Tissue				Vertebral Segments			
Heart for Valves and Associated Anatomy				Skin Grafts			
Upper Body Bone / Soft Tissue				Other:			*
Lower Body Bone / Soft Tissue				Other:			*

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. \square YES \square NO

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

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DISCLOSLIBE

- 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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		-

 Authorizing person to sign/print name and complete date and time. It is important to circle am/pm. Authorizing person's contact information. Witness is not necessary. You must sign as the designated requestor. Donor number will be blank Effective date is 7/06/23 Copy for the family, hospital copy for the family copy for the fam	Authorizing Person's Signature:	Printed Name:	Oate:	Time: m. / p.m
Witness Signature: Witness Printed Name/Relationship: The authorization for donation was explained and witnessed by: Printed name/Title: Institution: For Recovery Agency Only: floor Number • Authorizing person to sign/print name and complete date and time. • It is important to circle am/pm. • Authorizing person's contact information. • Witness is not necessary. • You must sign as the designated requestor. • Donor number will be blank • Effective date is 7/06/23 Information contained in this presentation is a collaboration between Donor Aliance and Rocky Mountain Lions Eye Bank **Copy for the family, hospital copy for the family organization! **Copy for	Telephone:Alternate Pho	one: Email Address (optional):		
The authorization for donation was explained and witnessed by: Printed name/Title: Institution: For Recovery Agency Only: Ignor Number OA Form #: 5010/01/3/2 Sev OB RMLE #: Tr. CONS-00.5, EN Effective type: 07/08/2032 * Authorizing person to sign/print name and complete date and time. It is important to circle am/pm. Authorizing person's contact information. Witness is not necessary. You must sign as the designated requestor. Donor number will be blank Effective date is 7/06/23 Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank Donor Alliance Organ is Tissue Donockon Accepted Teacher and Source Requestor Accepted Teacher and Source Requestor Accepted Teacher and Source Recursive Source the circle of light Description in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank ACRE DONOR ACRE DONOR INSTITUTE TO A Source the circle of light DA Form #: 5010/01/3/2 Sev OB RMLE #: Tr. CONS-00.5, ENE Effective type: 07/08/2032 Copy for the family, hospital Copy for the family,	Mailing Address:	C ity, State, Zip:		
Printed name/Title: Institution: For Recovery Agency Only: Conor Number Authorizing person to sign/print name and complete date and time. It is important to circle am/pm. Authorizing person's contact information. Witness is not necessary. You must sign as the designated requestor. Donor number will be blank Effective date is 7/06/23 Information contained in this presentation is a collaboration between Donor Allance and Rocky Mountain Lions Eye Bank Donor Allance and Rocky Mountain Lions Eye Bank EBBAA ACCRED Total Company of the family organization! ACCRED ACCRED BACCRED	Witness Signature:	Witness Printed Name/Relationsh	nip:	
• Authorizing person to sign/print name and complete date and time. • It is important to circle am/pm. • Authorizing person's contact information. • Witness is not necessary. • You must sign as the designated requestor. • Donor number will be blank • Effective date is 7/06/23 Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Bank Copy for the family, hospital copy for the family organization!	The authorization for donation was explained and witne	essed by:		
 Authorizing person to sign/print name and complete date and time. It is important to circle am/pm. Authorizing person's contact information. Witness is not necessary. You must sign as the designated requestor. Donor number will be blank Effective date is 7/06/23 Information contained in this presentation is a collaboration between Donor Allance and Rocky Mountain Librs Eye Bank 	Printed name/Title:	Institution:		RMLEB #: PK-CONS-002-5_EN
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Effective date is 7/06/23 Information contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lians Eye Bank Donor Alliance Organia Tissue Donation Share the circle of light Share the circle of light	 It is important to circle Authorizing person's c Witness is not necessa You must sign as the c 	e am/pm. contact information. ury. designated requestor.	Copy for the	e family, hospital
Alliance Organ & Tissue Donation Allow Share the circle of light All Acoms Recipient Acoms Recipient All Acoms Recipient Acoms Recipient Acoms Recipie	• Effective date is 7/06/2	23		G.I.I.
		Malcolm Baldrige Authorid Grandy America 2018 America Recipient		ACCREDIT
	DonorAlliance.org DonateLifeColorado.org Donate	teLifeWyoming.org		

Non Registered Patients Between 12 and 60 Years of Age

- Have the ability to impact more recipients through the gift of tissue donation.
- Requires a more in-depth conversation with the families of this age group
- Donor Alliance will approach the family over the phone for donation options.
- 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

formation contained in this presentation is a collaboration between Donor Alliance and Rocky Mountain Lions Eye Ban





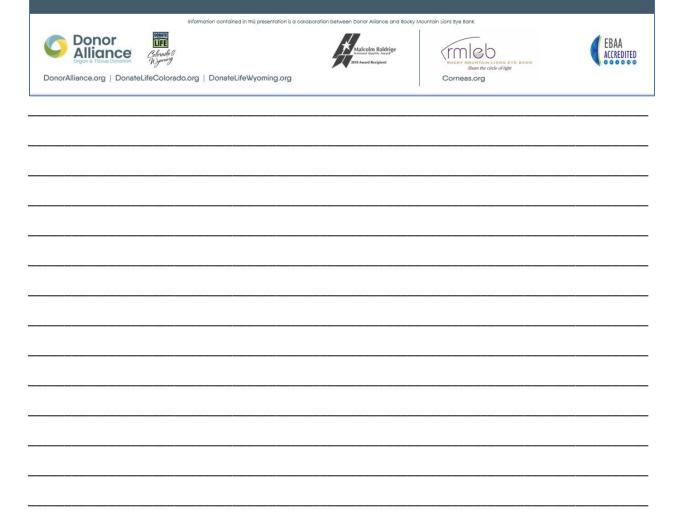






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Take a break!



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REGISTRY APPROACH

- 1. Received the Registry Verification Form?
- 2. Find the right person to speak with
- 3. Posing the question "Were you aware...?"
- 4. Someone from recovery agency will be calling soon
- 5. Two phone numbers
- 6. Call back to the Donor Information Line

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Registered Approach

1. Introduction and Condolences

 Introduce; Here to help; Condolences; Offer Assistance/Answer Questions

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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.

Donor

EBAA ACCREDITED Alliance DonorAlliance.org | DonateLifeColorado.org | DonateLifeWyoming.org

3. Obtain Contact Information and Notify Donor Information Line

- 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.











Role Play



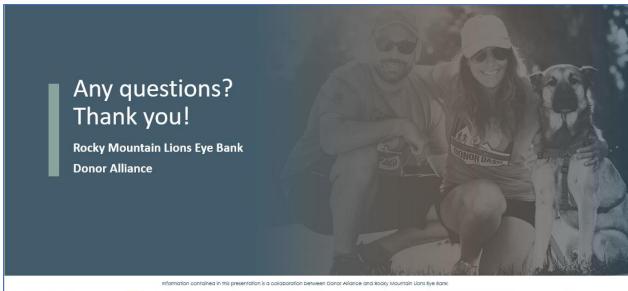






















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