

# Referrals and Donation Conversations

A Comprehensive Overview

*LifeShare Network*

# Objectives

- Differentiate between organ and tissue referrals.
- Recognize clinical triggers for organ and tissue referrals.
- Explain the importance of timely donation discussions with families.
- Identify risks of delayed family donation conversations.
- Describe the training LifeShare coordinators receive to conduct donation discussions.
- Discuss the key elements of effective donation conversations.
- Identify family support needs after a donation discussion.

# Background on Organ Procurement System

- There are 55 federally-designated, non-profit Organ Procurement Organizations (OPOs) across the U.S.
- LifeShare facilitates the process of organ and tissue recovery for transplantation in collaboration with hospitals across the state of Oklahoma
- LifeShare provides on-call services 24 hours a day, seven days a week, 365 days a year to respond to potential organ donor referrals
- We advocate for those awaiting a life-saving transplant and support grieving families.

**Our Core Purpose: We Save Lives and Inspire Hope**

# Background on Organ Procurement System

## Federal Regulations from CMS

- National Organ Transplant Act (NOTA) of 1984 established and set for the system that we have today
  - Created a collaborative effort between Hospitals and OPOs
  - CMS: Conditions of Participation
  - Roles and responsibilities of the Hospital and the OPO defined
  - All based on best practices

**The Goal:** Increase the number of organs available for transplant

# LifeShare of Oklahoma

- Region 4 (OK and TX)
- DSA Population: 3.98M
- Service Area covers the state
  - 2 primary locations: Tulsa and OKC
- 161 Hospitals
- 4 Transplant Centers
- 2024 Data:
  - 273 organ donors, 746 organs transplanted
  - 645 lives saved
  - 1027 tissue donors
- Approx. 700 people on the waiting list in OK



# CCM Code of Conduct - Ethics

This presentation will address the following areas related to the CCM Code of Conduct:

Section 1 – The Client Advocate

Section 3 – Case Manager/Client Relationships: S10-Relationships with Clients

Section 4 – Confidentiality, Privacy, Security and Recordkeeping: S14 – Client Protected Health Information

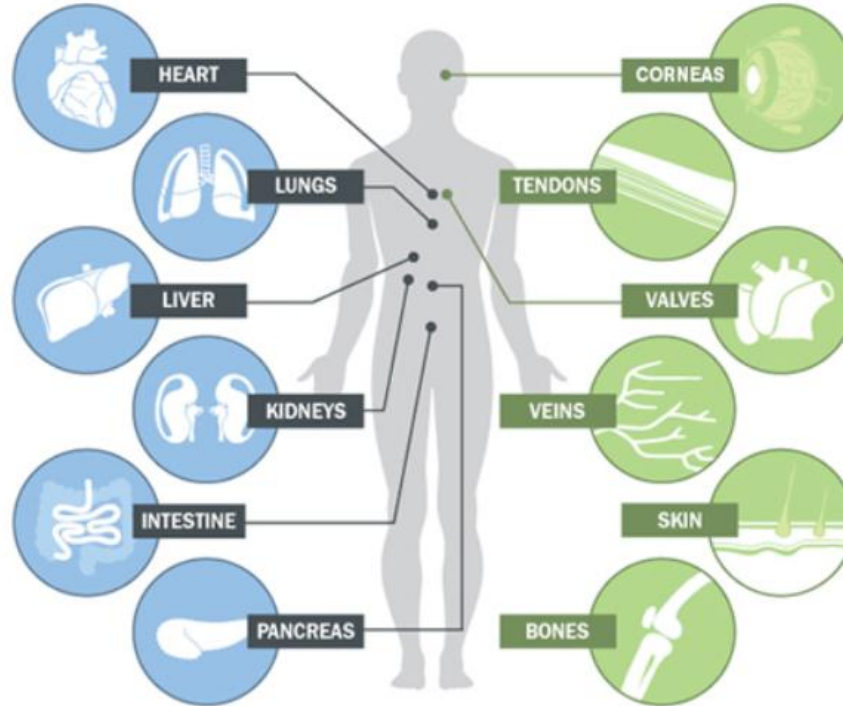
# Referrals and Criteria

Crystal Yancey

# What is a Referral for Donation?

Identifies What Type of Donation Could Happen

Organ



Tissue



# What are Clinical Triggers?

Set guidelines (triggers) that a nurse knows to call when their patient is presenting in a certain way.

Tools for successful collaboration and compliance



# Organ Referral Criteria



## Organ Consult Criteria

Report any patient immediately, within 1 hour, on a ventilator that meets any of the following clinical triggers:

- Any consideration of withdrawal of life sustaining therapies, or deceleration of care (example: palliative care consults or DNR for purposes to not escalate care) **OR**
- Brain death testing discussed, planned or initiated **OR**
- GCS  $\leq 5$ , not due to sedation or paralytics **OR**
- Family initiates conversation about donation

\*Any patient in ICU that is on bipap or ECMO may also qualify for organ donation with these triggers

\*A consult does NOT indicate a family conversation will occur. The consult is only made for initial evaluation of the clinical status for eligibility.

**Make the Call 1-800-241-4483**



## Glasgow Coma Scale

EYES	Open	Spontaneously	4
		To verbal stimulus	3
		To pain	2
		No response	1
BEST MOTOR RESPONSE	To verbal command	Obeys	6
		Localizes pain	5
	To painful stimulus	Semi-purposeful	4
		Decorticates	3
		Decerebrates	2
		No response	1
BEST VERBAL RESPONSE	Oriented & converses		5
	Disoriented & converses		4
	Inappropriate words		3
	Incomprehensible sounds		2
	No response		1
Total			3-15

- Do not discuss donation with the family
- First person authorization will be verified by LifeShare
- Donor suitability is evaluated and a coordinator will notify the hospital of LifeShare's plan
- ME case does not rule out donation
- Please call with any updates to patient status
- Reminder: Always call with cardiac time of death

**MAKE THE CALL  
1-800-241-4483**

# Ventilated

Report any patient immediately, within **60 minutes**, on a ventilator that meets any of the following clinical triggers:



Nasal Cannula



BiPap Mask



Ventilator



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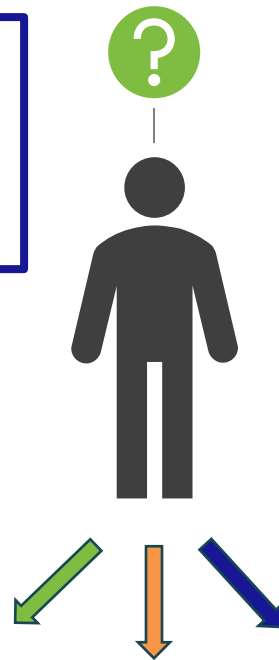
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# Withdrawal of Life Sustaining Therapy

Any discussion or consideration of withdrawal of life sustaining therapies, or deceleration of care.

(example: goals of care conversations, palliative care consults or DNR discussion for purposes to not escalate care)



**Palliative?**

**Goals of Care Conversation?**

**DNR?**

**Hospice?**

**Comfort Measures Only?**

**Considering Deceleration of Care?**



# Organ Referral Criteria: Reminder



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## Glasgow Coma Scale

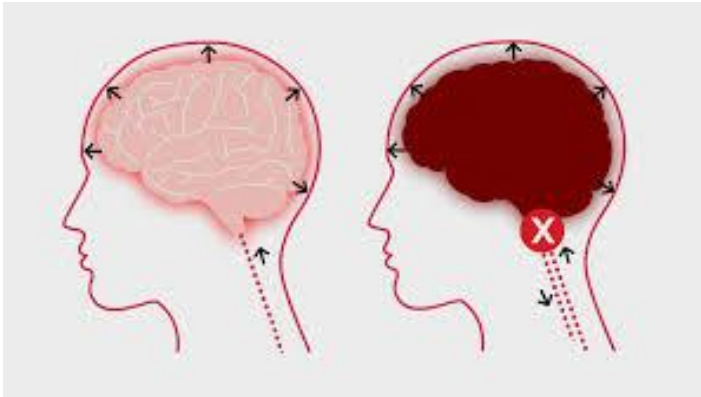
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# Brain Death Testing and Glasgow Coma Scale

Brain death testing discussed, planned or initiated.



GCS  $\leq 5$ , **NOT** due to sedation or paralytics

<b>EYES</b> 	<ul style="list-style-type: none"><li>4. SPONTANEOUS</li><li>3. TO SPEECH</li><li>2. TO PAIN</li><li>1. NO RESPONSE</li></ul>
<b>SPEECH</b> 	<ul style="list-style-type: none"><li>5. ALERT &amp; ORIENTED</li><li>4. CONFUSED</li><li>3. INAPPROPRIATE RESPONSE</li><li>2. INCOMPREHENSIBLE</li><li>1. NO RESPONSE</li></ul>
<b>MOTOR</b> 	<ul style="list-style-type: none"><li>6. OBEYS COMMANDS</li><li>5. LOCALIZES PAIN</li><li>4. WITHDRAWS PAIN</li><li>3. DECORTICATE</li><li>2. DECEREBRATE</li><li>1. NO RESPONSE</li></ul>

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# Family Driven

Family initiates a conversation about donation.



# Organ Referral Process and RN Questions

- Ventilated patient meets clinical triggers for an organ referral.
- RN calls LifeShare to make the organ referral (within 60 minutes).
- LifeShare Coordinator will evaluate (either in person or by phone) and ask further questions to evaluate for suitability.



Vitals



Brain Stem Reflexes



Medication



Vent Settings



Hospital Plans



Family Plans

# Organ Referral Criteria



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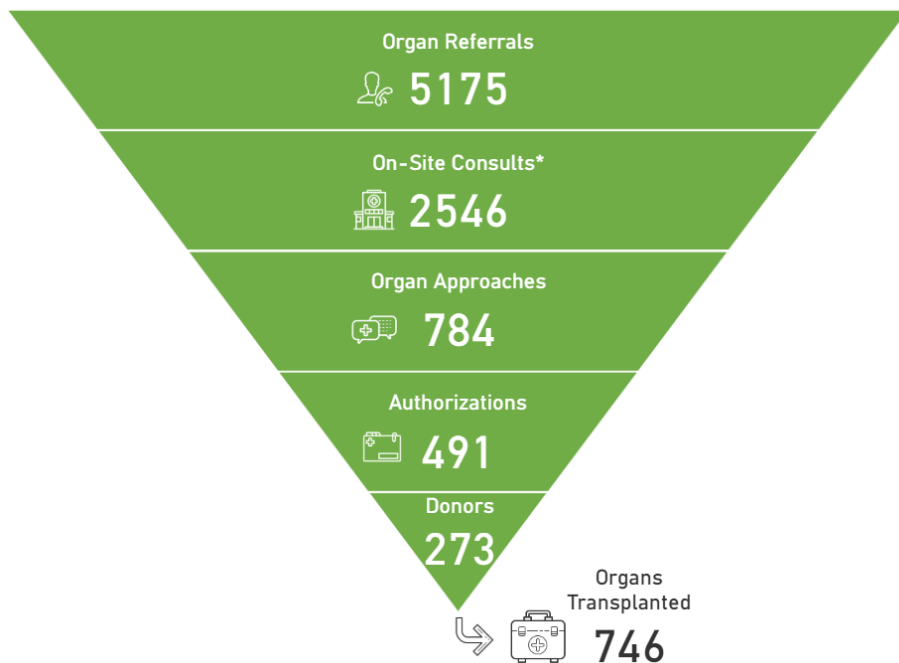
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# Frequency of Organ Referrals

And how often a referral has an outcome of being a donor hero



# Tissue Referral Criteria



## Tissue Referral Criteria

- Call on EVERY death
- Call within one hour of patient's death
- **DO NOT** call the funeral home until after speaking with the LifeShare Coordinator

**Make the Call 1-800-241-4483**

## - REMEMBER -

- Don't initiate any donation conversation with family
- ME case does not rule out donation
- The bedside RN is the critical starting point for every life saved through donation
- Refer every patient death, regardless of age or disease process
- Late and missed referrals lose lives
- Patient's donor registration status will be determined by LifeShare



**Make the Call 1-800-241-4483**

# Tissue Referral Process

- Patient has a time of death.
- RN calls LifeShare within 60 minutes.
- LifeShare evaluates tissue referral and asks questions to assess suitability.
- If a candidate, LifeShare will call family.
- LifeShare will call RN and notify of family decision and plan.
- RN to call Funeral Home.
- Patient is taken to the tissue recovery building in OKC.

## **\*REMEMBER\***

If your patient was deferred for organ donation, another call **MUST** still be made within 1 hour of cardiac time of death.

# Tissue Evaluation Questions

- Basic Patient Information
- Clinical Information
  - PMH/PSH
  - H&P
  - Social History
  - WBCs
  - Skin condition information
  - Vitals leading up to TOD
  - Cultures
  - CXRs
  - Medication and Fluids
  - EMS Service Information
- Patient Disposition and Family Information

**Basic Patient Information**

- Name, DOB
- Height & Weight
- Sex and Race
- Medical Record Number

**Clinical Information**

- Reason for Admission/ circumstances surrounding death
- Past Medical History
- High risk behavior: Evidence of drug abuse or jail time
- Time of death or last time known alive (if available)

**Further Clinical Information**

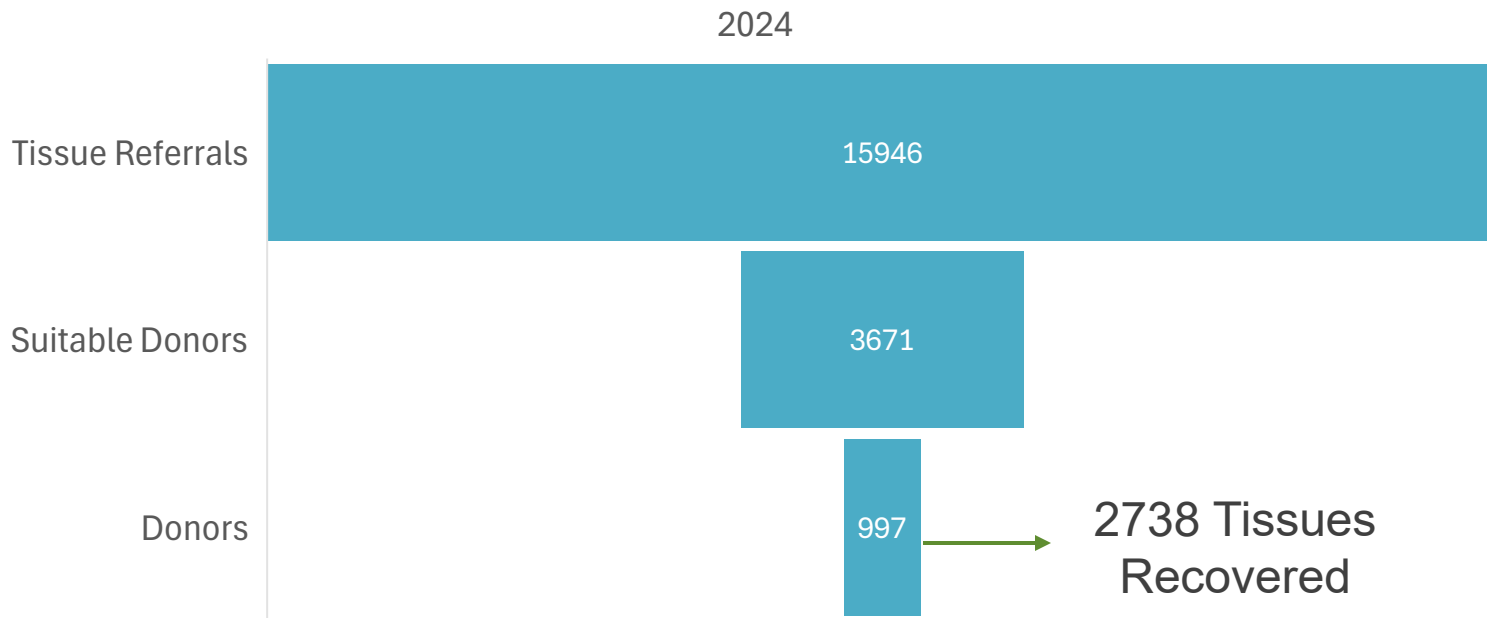
- Patient mobility and Skin Condition
- Recent Diagnosis's
  - WBC's (Several from stay)
  - Procalcitonin and Lactic Acid
  - Temperatures (Several from Stay)
  - Culture Reports (Blood, sputum, wound, etc.)
  - CXR's (Impression from most recent)
- IV fluids/crystalloids given in the last hour
- Colloids/Blood Products given in the last 48 hours
  - Any significant blood loss?
- Antibiotics given (Dates started and stopped)
- Home Medication List
- EMS Service that transported patient if < 48 hours

**Patient Disposition and Family Information**

- Medical Examiner Case
  - Reported?
  - Accepted?
- Funeral Home Information
  - Name of Funeral Home?
  - Have they been called for transport?
- Next Of Kin Information
  - Name
  - Phone Number

# Frequency of Tissue Referrals

And how often a referral has an outcome of being a donor hero



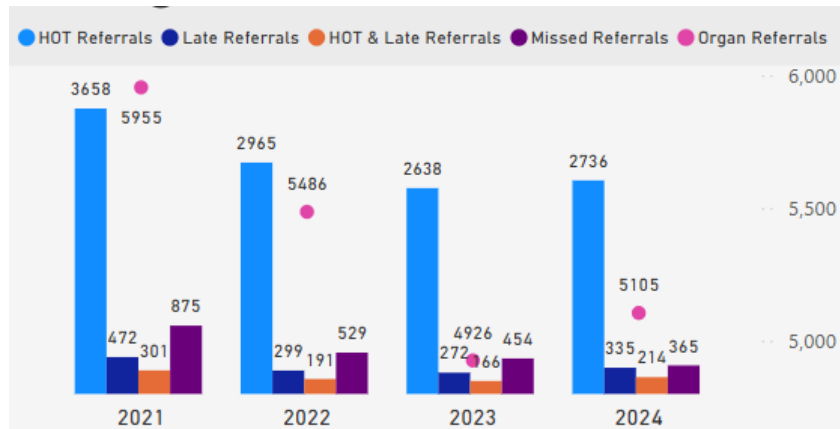
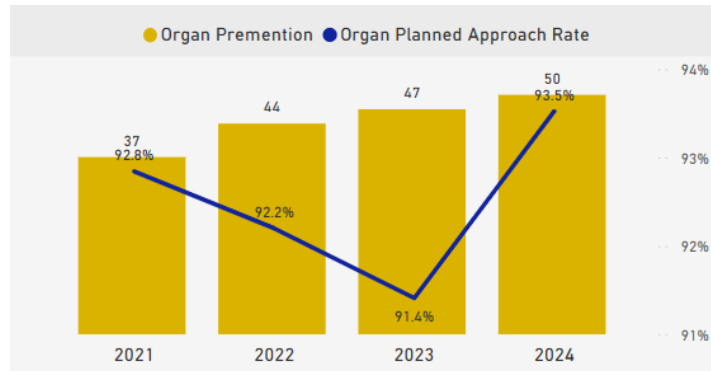
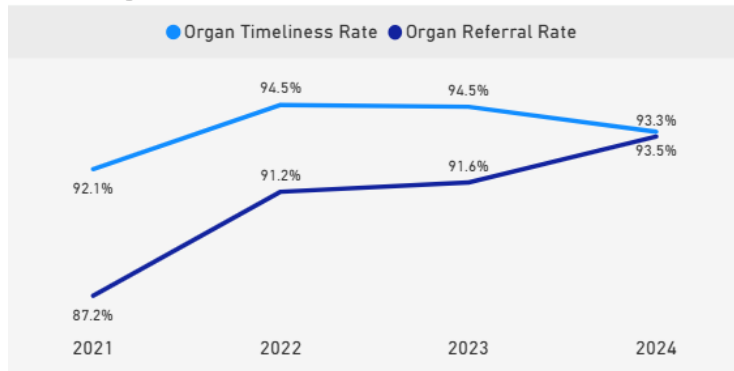


# Application

- If you refer your patient for organ referral, prior to extubation, and LifeShare states that they are not a candidate at this time for organ donation, do you still have to make the call after cardiac time of death?
  - YES!
- A patient is in the ICU and comfort measures has been decided. This patient is on high flow nasal cannula. Is a referral prior to CMO being initiated necessary?
  - NO.
- If your patient is already referred, and there is a change in patient status such a sudden neuro decline, should you call LifeShare to update through the 1-800 number?
  - YES!
- If your patient is already referred, and the family asked for a goals of care meeting, should you call LifeShare to update through the 1-800 number?
  - YES!

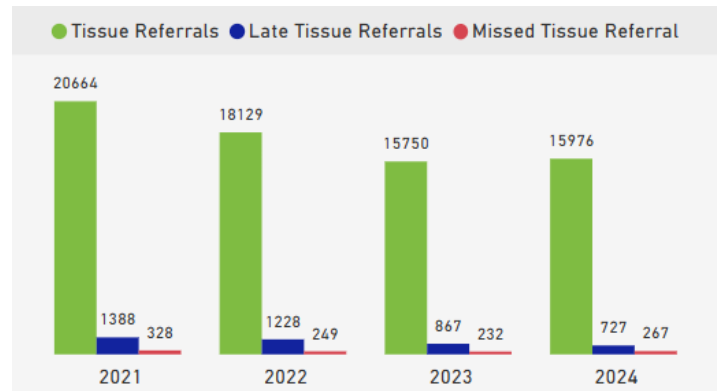
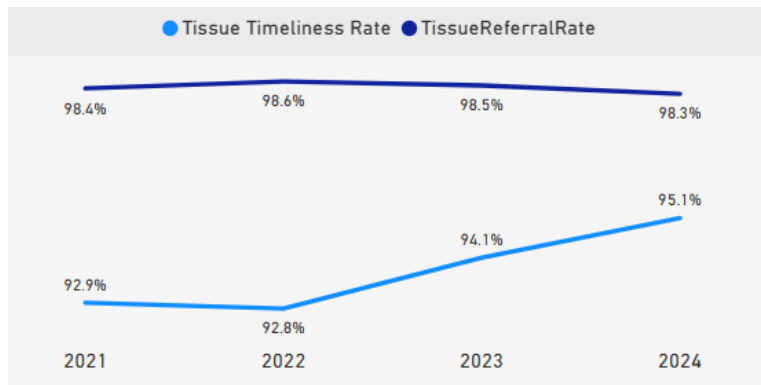
# Oklahoma Data Sharing

## Organ Timeliness Rate and Referral Rate



# Oklahoma Data Sharing

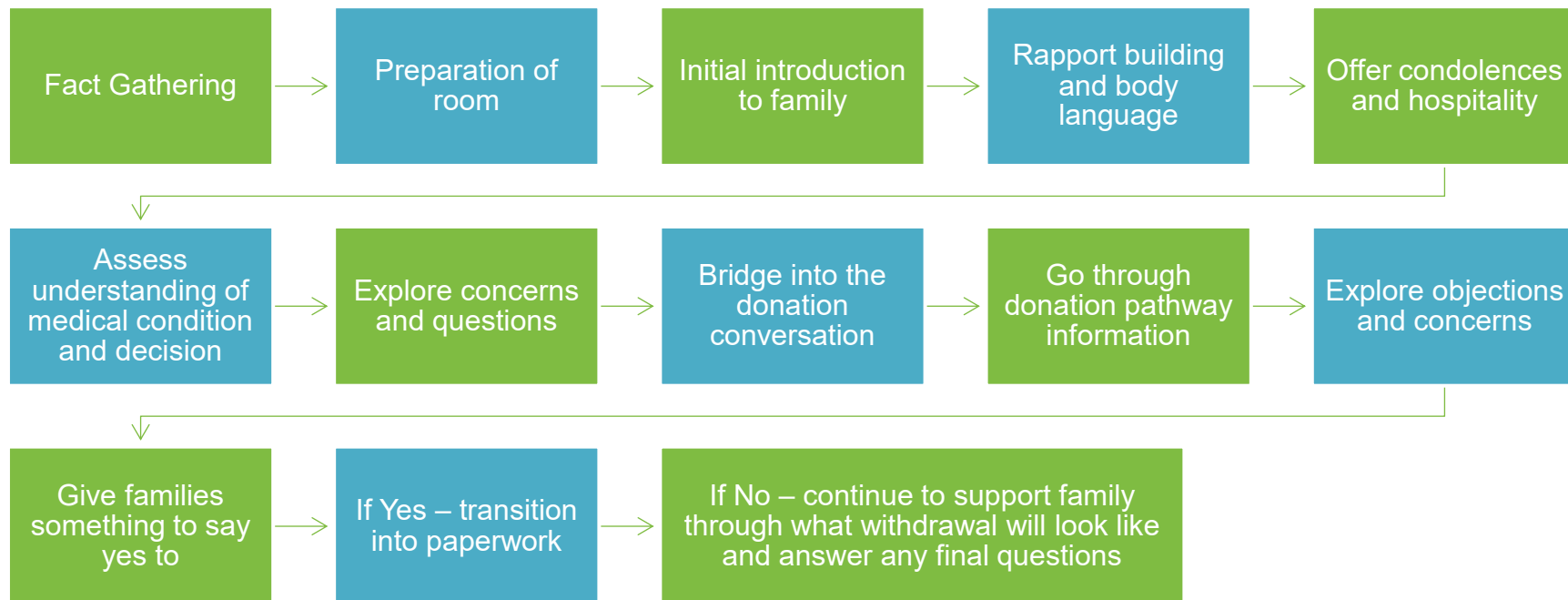
## Tissue Timeliness Rate and Referral Rate



# Donation Conversations

# Elements of a Donation Conversation

## Process – Not an Event



# Donation Conversation Training for LifeShare Family Services

## Primary Training

- 4-month Orientation Process
- Donation Conversation Observation
- 2-week in-depth workshop
- Facilitated practice scenarios
- Virtual E-Learning Modules
- Practice Scenario Check Off

## Annual Training

- 2 Workshops Focused on Problem Areas
- Small Group Workshops
- Monthly Authorization Review Meetings
- Virtual E-Learning Modules
- Personalized Review and Practice

# Timely Donation Conversations

## The Goal

Every moment matters when making end-of-life decisions. Our goal is to empower families with the time and information they need to accept or make a fully informed decision about organ donation—one that aligns with their values, wishes, and beliefs.

### Why This Matters:

- For the Family:** Ensures that they are given timely, compassionate guidance without feeling rushed or pressured.
- For the Patient:** Honors their potential final gift by allowing donation to be an integral part of their end-of-life journey.
- For the Hospital:** Reduces delays in decision-making, aligns with best practices, and minimizes conflicts between clinical care and donation readiness.
- For Potential Recipients:** Provides a second chance at life for those awaiting transplants.

Through timely conversations, we can enhance patient-centered care, better support families, and increase the likelihood of successful organ donation.

# Timely Donation Conversations

Best Practice for Collaborative Approach

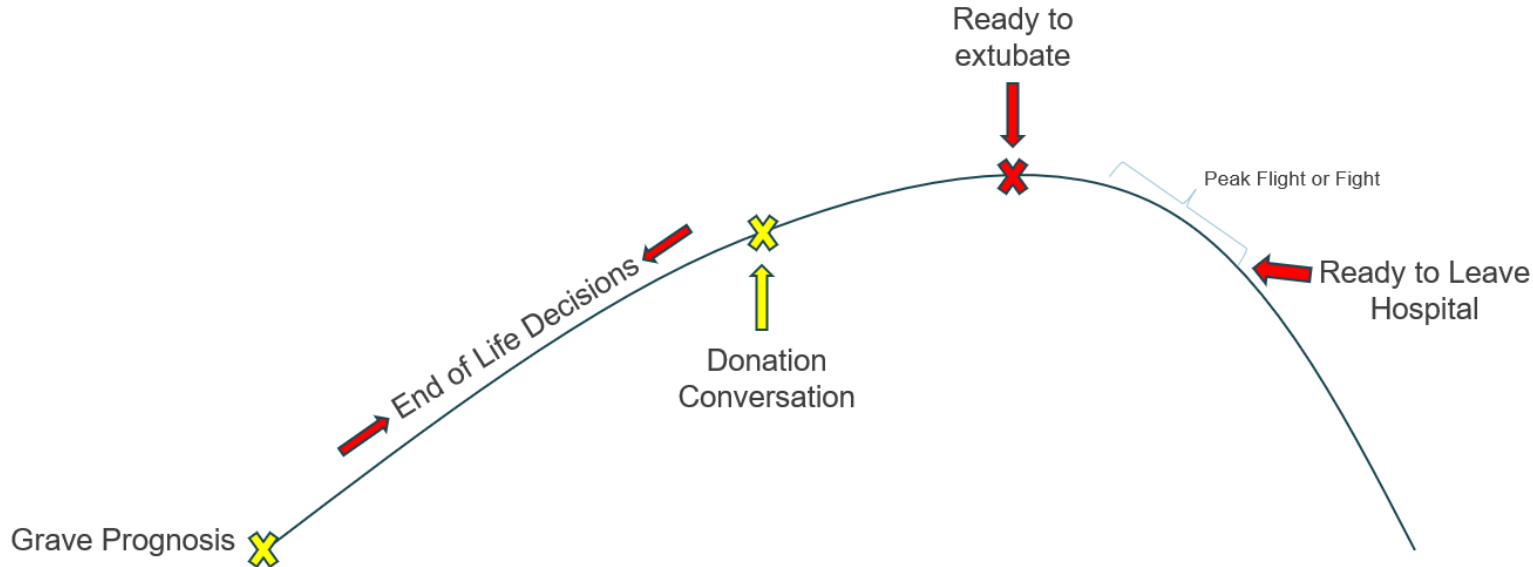
The Right People + The Right Time

Data and families are telling us that talking to a family about donation after they have decided on a time for WDS is preventing families from saying yes to donation when they are in support of donation. Donation should be incorporated in end-of-life decision making. Many of the declines related to timelines for organ are offered tissue donation post mortem with success.



# Timely Donation Conversations

## Timing of Conversations- Ideal State



- With untimely referrals, we are often having donation conversations after they are ready to extubate instead of prior.

# Cues for Family Readiness

- Family has considered a DNR
- Family is considering not escalating care or understanding that there is a grim prognosis
- Family is calling friends and family to come visit. Are people traveling from out of town?
- Signs of “waiting on one last family member, mentioning funeral homes, asking for child life, etc”

# Timely Donation Conversations

## Decline Data

Year	Declines related to timeliness of donation conversation	HOT Approaches (donation conversation occurring within 4 hours of initial referral)
2022	40%	46
2023	44%	42
2024	38%	90
2025	23%	9

Implemented soft cues →

# Family Support after Authorization



# Elements of Family Support

Provide information, answer questions, and give updates to families throughout donation process.  
Provide grief support and resources.

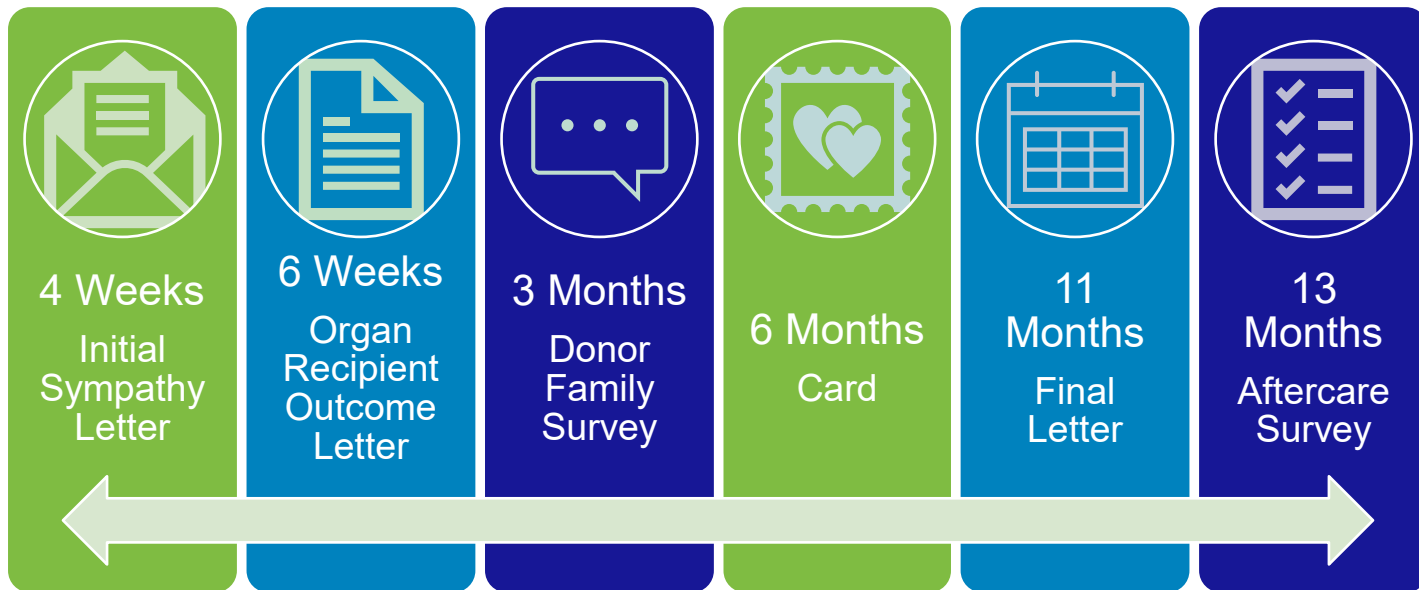
Memory making (handprints, heartbeat strips, heartbeat recording, lock of hair), flag ceremony, and honor walk facilitation.

**Assess physical and emotional needs.**

Assist family in end of life needs such as funeral home, ME information, bereavement services, and counseling set up.

Prepare family and be present for WDS and death.

# Aftercare Timeline



# Little Red Heart – Memorial Mile

During the Little Red Heart 5K race, the Aftercare Coordinators facilitate something called the Memorial Mile. This is an honorary walk for donor families to walk in remembrance of their loved ones. Family can order a sign that LifeShare will provide with the donor's picture and their stories.



# Summary:

## Timely Referrals + Timely Donation Conversations

### Hospital Impact

- **Balancing patient care and donation opportunities:** We recognize the challenges hospital staff face when families are prepared to extubate for comfort measures while LifeShare requires additional time for donor evaluation.
- **Reducing delays to improve outcomes:** By aligning the timing of end-of-life discussions with donation conversations, we can minimize the gap between the withdrawal decision and the LifeShare requestor's engagement with the family.
- **Enhancing family support and hospital alignment:** Implementing a structured approach for timely referrals and donation conversations ensures that families receive comprehensive, compassionate guidance while also upholding the care team's objectives and ethical responsibilities.



# CMS References (485.45)

- **§482.45(a)(1)** - Incorporate an agreement with an OPO designated under part 486 of this chapter, under which it must notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the hospital. The OPO determines medical suitability for organ donation..
- “Timely assessment of the patient’s suitability for organ donation increases the likelihood that the patient’s organs will be viable for transplantation (assuming there is no disease process identified by the OPO that would cause the organs to be unsuitable), assures that the family is approached only if the patient is medically suitable for organ donation, and assures that an OPO representative is available to collaborate with the hospital staff in discussing donation with the family.”
- **§482.45(a)(3)** - Ensure, in collaboration with the designated OPO, that the family of each potential donor is informed of its options to donate organs, tissues, or eyes, or to decline to donate.
- “The individual designated by the hospital to initiate the request to the family must be an organ procurement representative or a designated requestor. A designated requestor is an individual who has completed a course offered or approved by the OPO..”
- **§482.45(a)(5)** “Hospitals must cooperate with the OPOs, tissue banks and eye banks in regularly or periodically reviewing death records. This means that the hospital must develop policies and procedures which permit the OPO, tissue bank, and eye bank access to death record information that will allow the OPO, tissue bank and eye bank to assess the hospital’s donor potential, assure that all deaths or imminent deaths are being referred to the OPO in a timely manner, and identify areas where the hospital, OPO, tissue bank and eye bank staff performance might be improved”

# Resources and QA



LifeShare  
UNIVERSITY

LifeShareUniversity.org

## EDUCATION THAT FITS YOUR SCHEDULE

Offering health providers the opportunity to learn more about organ, eye and tissue donation to help save lives

-  **Referral Process**  
Organ donation referrals and the importance of reporting any patient immediately, within one hour, that meets clinical triggers
-  **Brain Death vs Donation After Circulatory Death**  
Learn the donation process for brain death (BD) and donation after circulatory death (DCD)
-  **Donation Conversations**  
Only trained staff from LifeShare should bring up donation to the families
-  **Education Credits**  
Opportunities for obtaining continued education credits

**Check out LifeShareUniversity.org Today!**





Baylor was saved by a liver transplant at two years old