

Organ and Tissue Donation Challenge and Opportunity

What is the Washington Regional Transplant Community?

- One of 58 federally designated, not-for-profit Organ Procurement Organizations (OPOs), WRTC serves the Washington Metropolitan Area
- Responsible for recovery and allocation of donated organs and tissues in its service area
- Provides on-call donation services 24 hours a day, 7 days a week, 365 days a year

United Network for Organ Sharing (UNOS)

- National “databank”
- Maintains the computerized registry of all patients waiting for transplants
- Establishes a fair and equitable system for the distribution of all organs

Organ Allocation Myths

Organ Allocation is NOT based on:

- Race
- Religion
- Wealth
- Fame
- “Connections”

Organ Allocation

- WRTC generates a list of potential recipients
- Local, regional, national allocation
- Recipients are listed through UNOS
- Organs are offered based on the list

What Determines a Patient’s Position on the UNOS Waiting List?

Organ allocation is based on three criteria:

- Medical urgency
- Medical match (blood type, height, weight)
- Time on the waiting list

Financial Cost of Donation to the Donor Family

- NOTHING!
- WRTC will incur all costs associated with the evaluation and recovery of both organs and tissue for transplantation.

Organs Available for Donation

- Heart
- Lungs
- Liver
- Kidney
- Pancreas
- Small Intestine

One organ donor can save 9 lives!

Tissues Available for Donation

- Heart Valves
- Pericardium
- Corneas and whole eyes
- Bone
- Skin
- Tendons and ligaments
- Saphenous veins

One tissue donor can enhance 50-100 lives!

Organ Donation vs. Tissue Donation

- A “traditional” organ donor is usually brain dead
- A tissue donor can be brain dead or cardiac dead

Brain Death vs. Circulatory/Cardiac Death

- Death by *brain criteria* is the complete cessation of all functions of the brain, including the brain stem.

Living Donation

- Living kidney donation
- Living liver donation
- Familial or altruistic
- Matched pairs / “Kidney swap”

What do brain dead donors & donors declared dead by circulatory criteria have in common?

They must be on a ventilator

Three Pathways to Organ Donation

•The Brain Dead Donor

Death determined by neurological/brain criteria

- Irreversible cessation of brain and brain stem function
 - Determined by clinical signs
 - No pupillary response, no cough, gag, corneal or doll’s eyes response
 - Positive Apnea Test (no spontaneous respirations)
 - Confirmatory tests are not mandatory, but where necessary, brain death can be confirmed by other tests, e.g. cerebral blood flow.

Donation after circulatory/cardiac death

Definition: A procedure where organs are surgically recovered after pronouncement of death based on “irreversible cessation of all circulatory and respiratory functions.”

- Death is anticipated and organ recovery can be predictably controlled following withdrawal of ventilatory support.
- The DCD protocol assures
 - Donation is not discussed until the family has made the decision to withdraw ventilatory support.
 - WRTC can have no participation in the death process.

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Providing the Option of Donation to Families

- Federal and state laws
- Joint Commission Standards
- Hospital policies
- Hospitals must have a written agreement with the designated Organ Procurement Organization (WRTC)
- Hospital staff must contact WRTC on *every death or imminent death*.
- Hospitals must ensure that the family of every medically suitable donor is informed by WRTC staff of its option to donate.

How can we save more lives and help more grieving families?

- Recognize each donation as:
 - A part of a healthcare worker’s commitment to providing excellent care
 - A life-saving opportunity for between 9 (organ) and 50 to 100 (tissue) separate patients
- An opportunity for something positive for a grieving family*