



ORGAN, EYE AND TISSUE DONATION

Organ Donation Process

“Getting to Yes and Maximizing the Yes”

Susan Gunderson
Chief Executive Officer and Founder
LifeSource

NASEM Committee on Organ Donation
and Transplantation, February 4, 2021



Mission

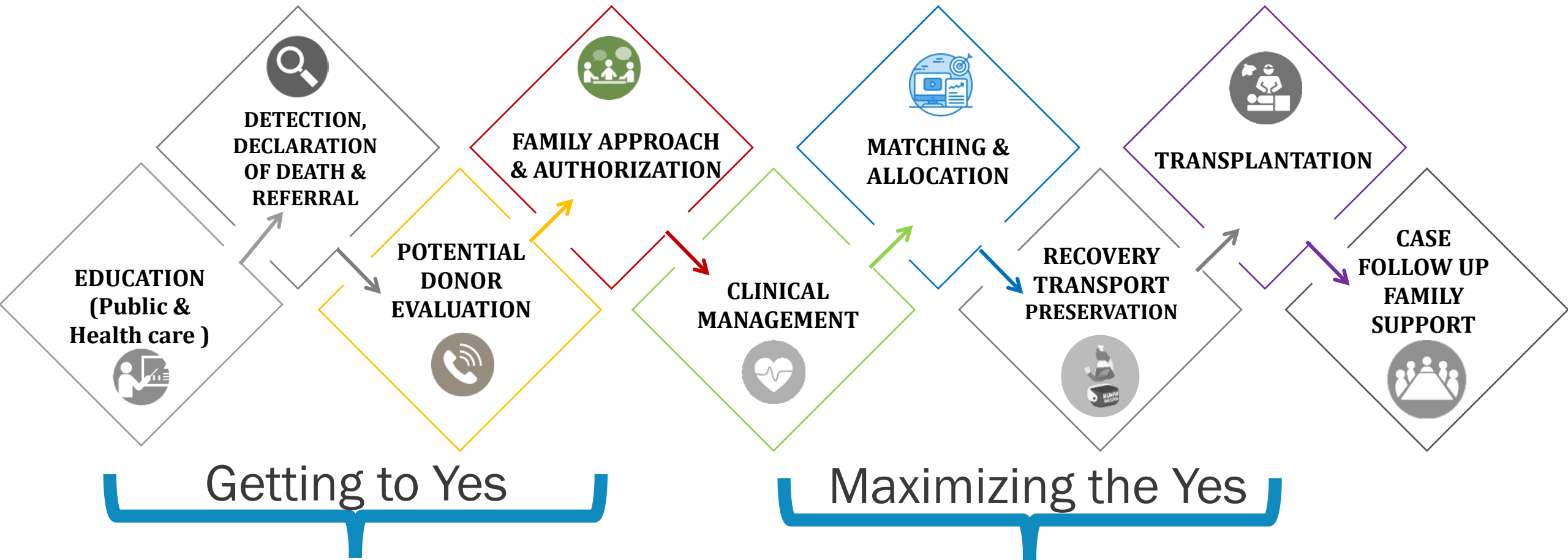
We save lives and offer hope and healing through excellence in organ, eye and tissue donation

Vision

Everyone shares the gift of life

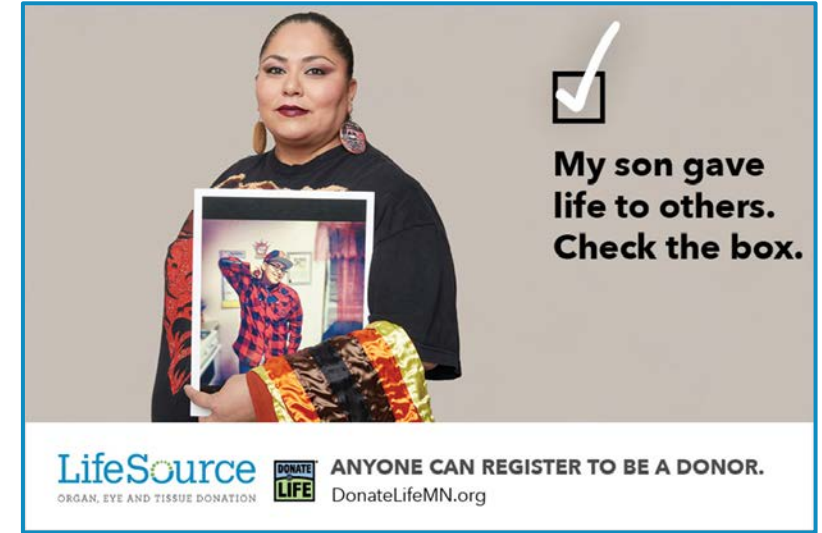
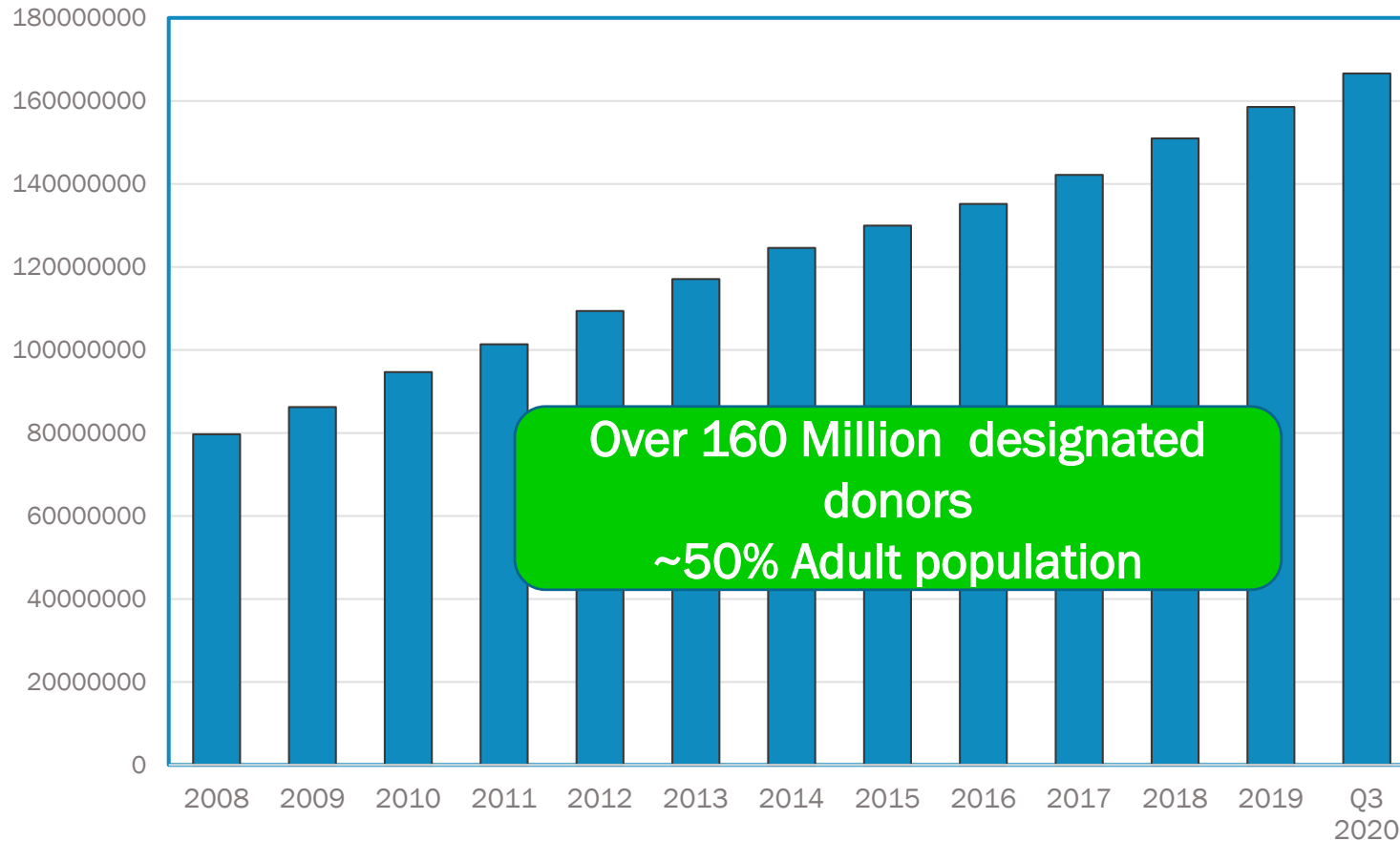


Ideal Process for Organ Donation



Donor Registration

Q3 2020: 166,608,089 individuals registered



State range 37% - 63%

Q3 2020 Donate Life America Registry Overview Report, reported as of 2/1/21; Donate Life America
- National Donate Life Registry; Donate Life America. [RegisterMe.org](https://www.registerme.org) as of 2/1/21



Donor Hospital Engagement



Create a culture of donation



High acuity / low frequency event



Sustain a practice that upholds donation as best practice in end of life care



Engage physician champions



Standardize and optimize donation practices

Opportunities:

Deepen ICU/OPO engagement to maintain donation opportunities

Leverage existing hospital EMR data systems for:

- Streamlined donor referral
- Patient level data reporting to determine organ donation potential for purposes of improvement and transparent review



Hospital Potential Donor Notification

FOR DONATION REFERRAL
PLEASE FOLLOW THESE TRIGGERS

Call LifeSource at: 1-800-247-4273

To preserve potential for donation, all patients meeting any trigger must be referred within **ONE HOUR**:

-  Ventilator dependent patients with a neurological injury or non-survivable illness AND:
 - Loss of two or more brain stem reflexes
 - or
 - Prior to ANY end-of-life conversation
 - or
 - Anticipated withdraw of life-sustaining support
-  Family mentions donation
-  Cardiac death

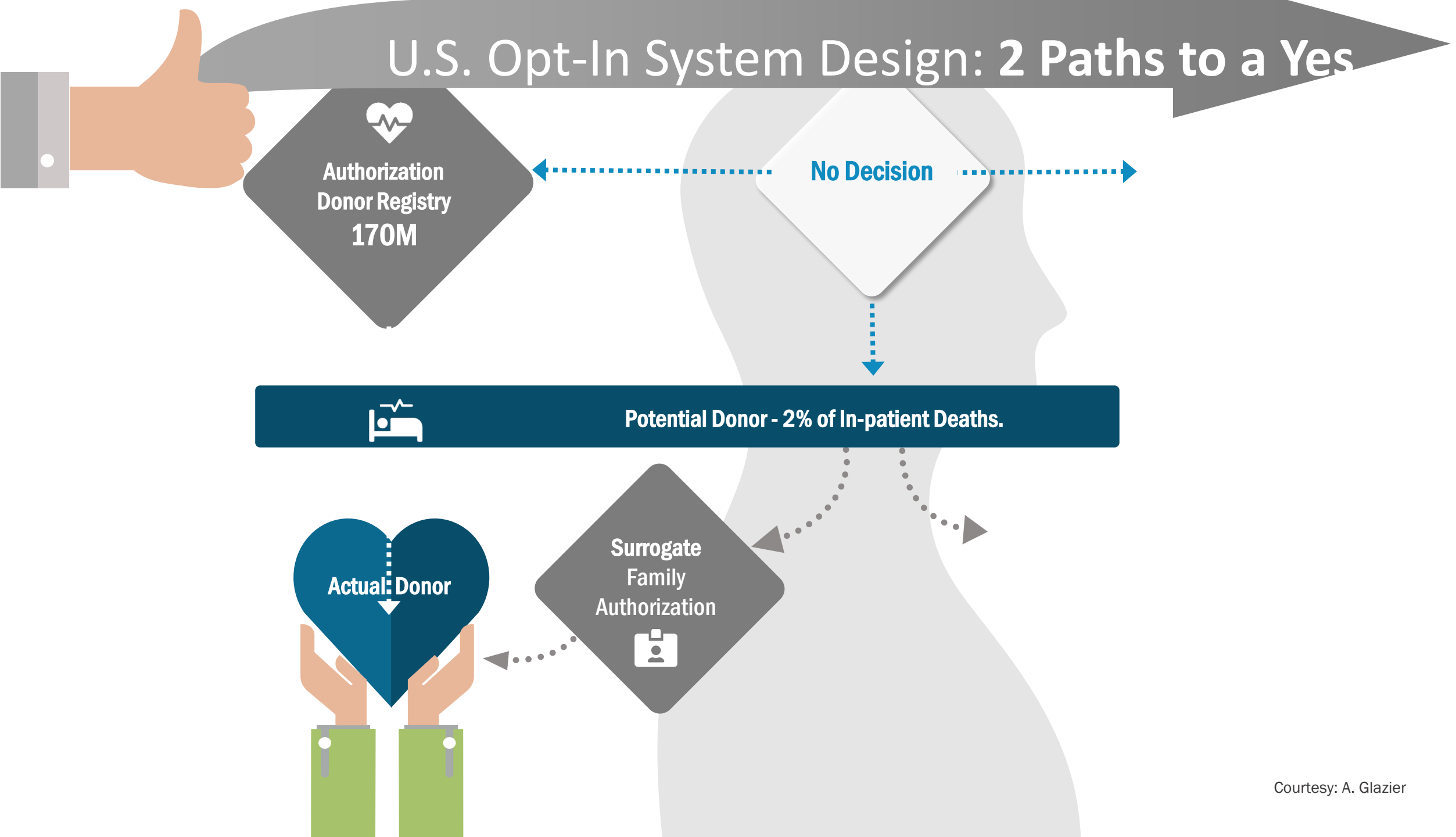
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ORGAN, EYE AND TISSUE DONATION



- CMS requirement to notify OPO of all possible donation candidates
- Donor Hospital/OPO agreements – scope, roles
- Referral triggers screening, initial evaluation and onsite response
- Patients must be ventilated

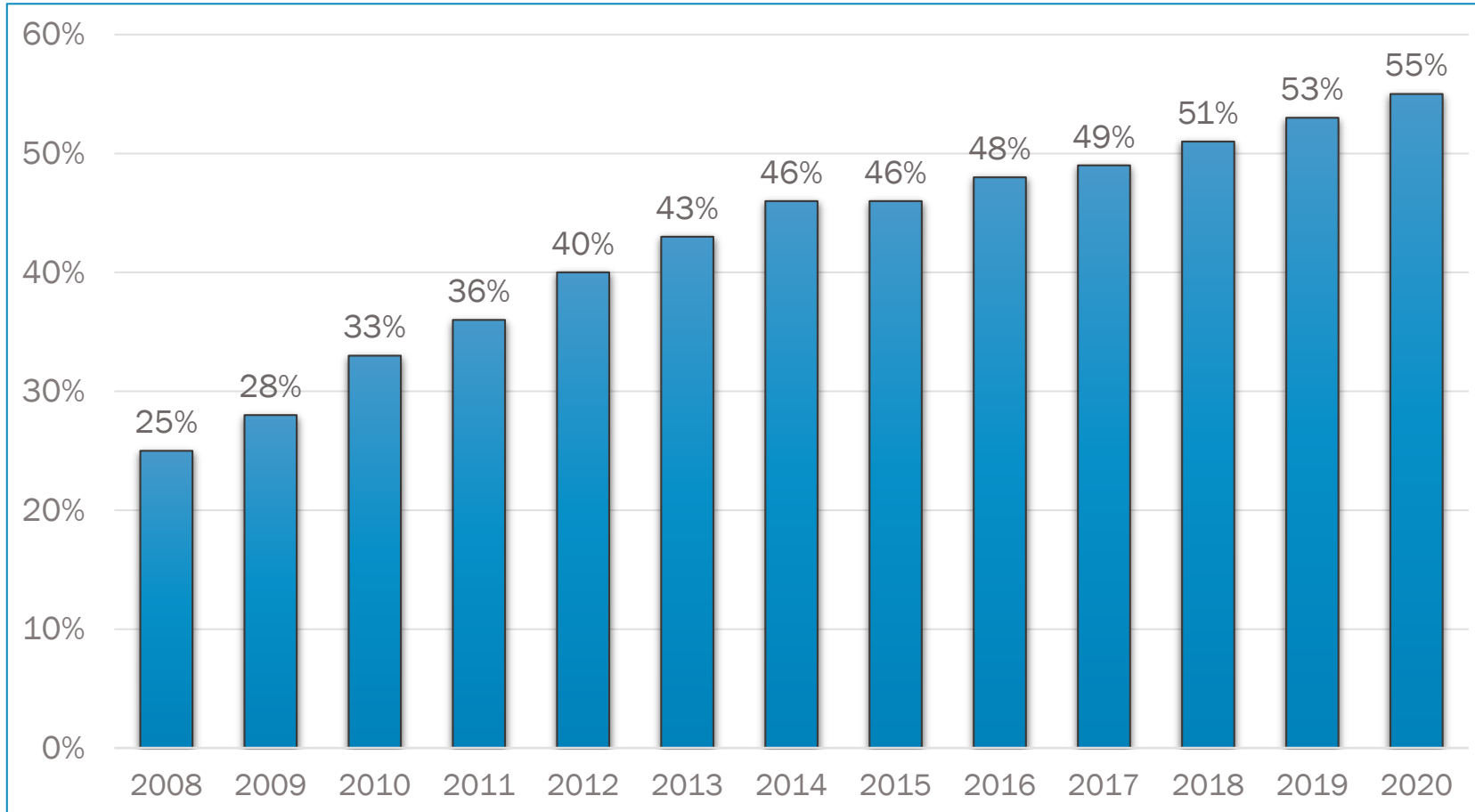


U.S. Opt-In System Design: 2 Paths to a Yes



Donor Designation

% of Organ Donors Who Were Designated



Source: UNOS as of 10/31/20



Donor Designation Process

Confirm donor decision with family,
may not be aware

Explain entire donation process,
complete disclosure

Intent to proceed and honor decision

Disagreement rare, managed through
medical, legal and hospital leadership



Honoring patients' organ donation decisions when
family conflict is present: Experience from a single
organ procurement organization

Paul A. Stahler, MD, Susan E. Weese, Rachel M. Nygaard, PhD,
Mark J. Hill, MD, Chad J. Richardson, MD, Susan Mau Larson, MPA,
Susan Gunderson, MHA, and Robert R. Quicquel, MD, Minneapolis, Minnesota

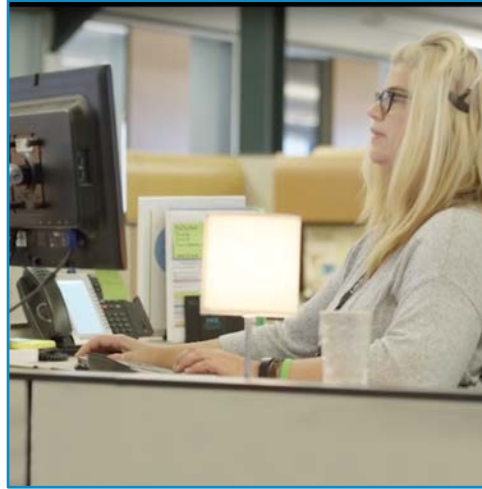


Maximizing the Yes



Clinical
Management

Catastrophic Brain
Injury Guidelines
Diagnostic testing
Organ function
maximization



Organ
Allocation

UNOS Match Run
Offer process
Tx program filters
Technology



Recovery
Transport and
Preservation

Donor hospital
Recovery Center
Perfusion
technologies

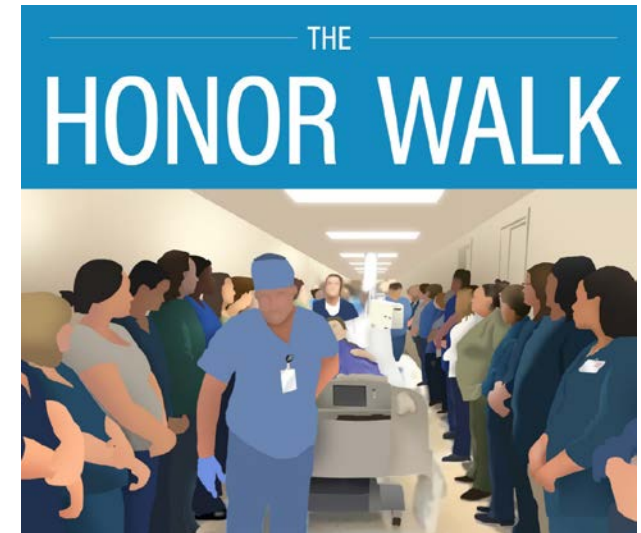


Transplantation

Aligned metrics
Organ utilization
Kidney 22% non-
utilization
(2020, UNOS)



Care for the Donor Family



Systems Improvement Opportunities



Increase donor recovery rates – older and DCD

Increase organ utilization – processes, alignment, accountabilities, stewardship

Ease pathway for enhancements in preservation and technologies

Develop patient level hospital data source for performance improvement

OPO collaboration and data sharing

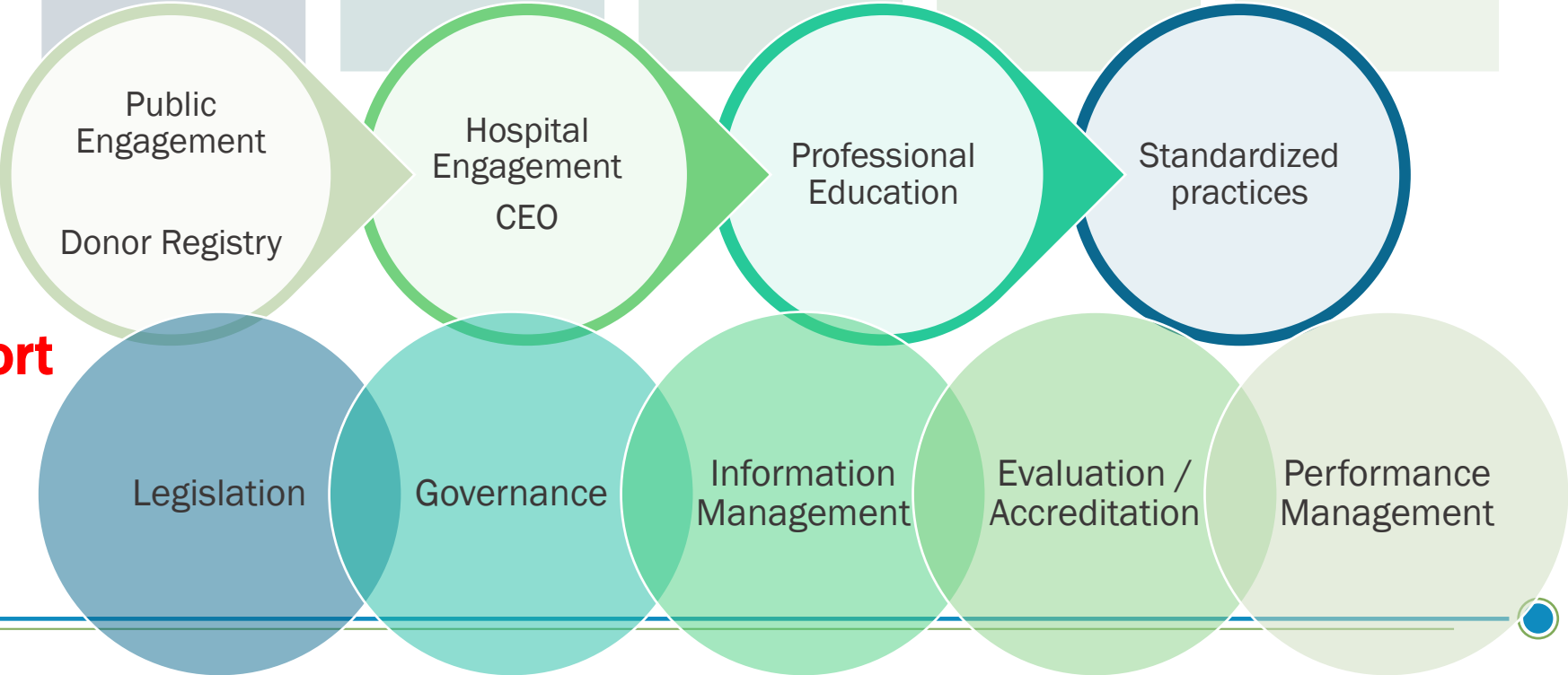
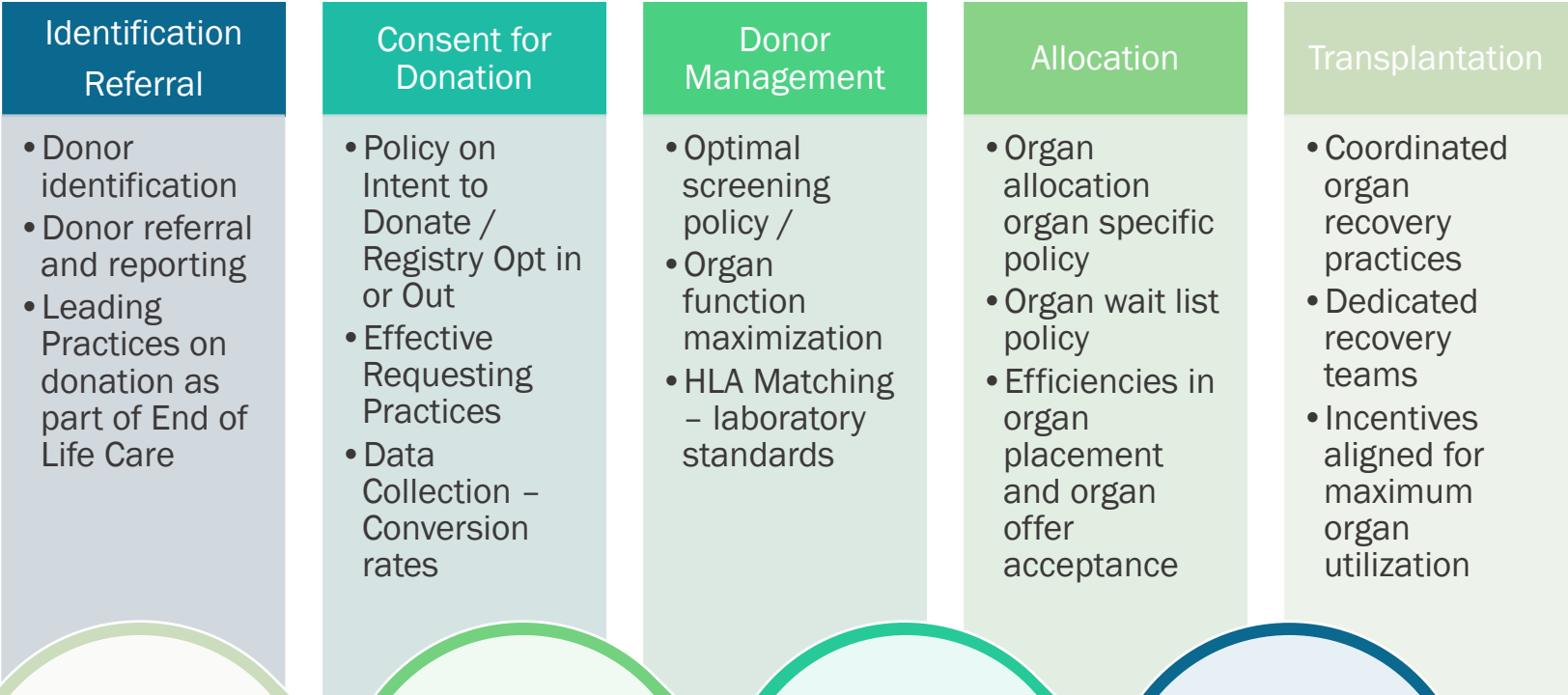


High Performing System

Program Services

Enabling Supports

Foundational Support



Courtesy: K. Young

