

Lifeline Monthly Donation Update

Hospital	Donors	Kidney	Liver	Pancreas	Intestine	Heart	Heart Valves	Lung	Double Lung	Heart & Lung	Organs for Research
Hospital 1	5	7	3	2		2	1	1	1		1
Hospital 2	1	2	1			1					
Hospital 3	2	2	1	1					1		1
Hospital 4	1	2	1			1					



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You Offer Hope...
We're Here To Help

In the month of _____, there were nine consented donors from four hospitals in _____. The generosity of each donor family, coupled with the hard work and dedication of our clinical colleagues, resulted in 40 life-saving organ transplants.

Multiple factors can affect the outcome of a case; including the medical and social history of the donor, the circumstances surrounding the death, and organ function. Unfortunately, not all consented cases result in opportunities for transplant. Our objective at _____ is to honor each donor by maximizing the potential of every gift.

Optimizing an outcome requires teamwork. In a relay, multiple athletes work together in a concerted effort. Completing the race, requires dedication and participation from each member of the team. Likewise, opportunities for organ donation are realized when each "member of the team" identifies their role in the process and actively participates in the case. **We cannot do, what we do, without you.**

We would like to take this opportunity to recognize our "teammates". We value the remarkable contribution that you have made. Thank you for your commitment to the gift of life!



Clinical Triggers / Timely Referrals

Your OPO Specific Clinical Triggers



To Call or Not to Call... That is the Question!

If you're in healthcare long enough, you will eventually have some form of interaction with a staff member from your local Organ Procurement Organization. If you are a clinician in the critical care setting, this interaction becomes a routine part of your clinical experience. At (YOUR OPO), our staff is charged with a responsibility to consistently collaborate with our clinical teammates to maximize donation opportunities for donor families and transplant recipients, alike... a process commonly referred to as dual advocacy.

For many clinicians, placing a call to (YOUR OPO) during a time of intense emotional distress can introduce some uncertainty... In addition to providing quality patient care, nurses nurture the spirit by offering compassion and comfort to grieving families—walking hand-in-hand with them as they begin the difficult journey to emotional healing.

In an effort to avoid compounding a families grief, clinicians may be reluctant to place a call to their local OPO that could provide valuable opportunities for organ donation and transplantation. At (Your OPO), we have identified this as an area of angst for many of our clinical colleagues.

In an effort to provide additional support, we have Family Care Coordinators who serves as a support resource for clinicians and families with the difficult transition to end of life care and decision making. The Family Care Coordinator is professionally trained in the psychosocial aspects of grief. Their role is to provide a bridge of support.

As the clinician walks hand-in-hand with the family, the Family Care Coordinator offers an additional source of compassion while providing for the needs of both the clinical staff and grief-stricken family members.

The Family Care Coordinator responds personally when a patient is being evaluated for clinical brain death and/or when a family has made the difficult decision to withdraw life support.

Our Family Care Staff are serve as an extension of your healthcare team, with expert knowledge about all aspects of donation. They collaborate with on-site clinicians to discuss any legal, medical, cultural, or emotional circumstances involved with the patient and family dynamic prior to introducing or discussing options for donation.

When you are challenged by end-of-life patient care, give us the opportunity to help.

CALL...





TRANSPLANT TALK!

We're listening! We invite you to get involved... ask questions, voice concerns, and offer Suggestions!

We will select a topic for detailed review in each edition of *lifeline Transplant Talk* is a segment that will reflect the interests of our clinical partners. It's a privilege to work with you. Thank you for your commitment to life - we're here to support you and look forward to hearing from you! Contact us at...

Lifeline@lifegivingresources.com

Nurturing the Spirit (An interview with Christina Pippin, Family Care)

What exactly do you do?

"As a Family Support Services Coordinator with _____, I offer support to families in whatever manner they need. On the surface this seems like an over-simplified statement but when one considers the circumstances surrounding the situation, this interaction can become profoundly important."

When do you meet families?

"I meet families during their darkest hour... during the difficult time when they are being told, or are about to be told, that someone they love is not going to survive the tragic circumstances of their hospital admission. Often, this news is delivered on the same day that the tragedy has occurred. These circumstances leave surviving family members with precious little time for emotional preparation, resulting in a devastated state of grief and shock."

How exactly do you help?

"While the doctor explains the patient's prognosis to the family, I stand in silence. This is not the time to speak. After the physician leaves, I stay with the family and serve as a resource for emotional support and education. I am available to answer any questions that the family might have as they struggle to comprehend, and come to terms with, the finality of the situation. Frequently, the family is in shock and unable to absorb detailed information. If their loved one has deteriorated to brain death, or if they are expected to progress to brain death, I ask questions in an effort to assess the families understanding of the prognosis, then offer additional information through a compassionate explanation of brain death and how it is diagnosed. Everything I say is delivered in what I call "compassionate plan talk". I always begin with an apology... "I'm sorry that I have to say such difficult things about someone you love." At this point, unless the family initiates the conversation, organ donation is not discussed. Introducing options for donation before a family ac-



cepts the finality of the situation would be a cruel invasion of their grief."

What is the next step?

I offer to speak with additional family members and friends who might be waiting on an update. Often, family members are too overwhelmed to have these discussions and appreciate this offer. In some cases, I have been asked to speak with the children of the patient. This is a particularly difficult thing for me but I realize that it is important for children to understand what has happened to their loved one. After speaking with the children (in the presence of their legal guardian), I offer to take them to the bedside. Some children choose to go while others do not...there is no wrong decision. I provide families with information on services that specialize in grief counseling for children. I feel this is important for both the adults and children impacted by the loss.

I offer to escort additional family and friends to the patient's room. I serve as a protective barrier for the family, meaning that they tell me who they want to see and who they want to visit. I make sure visits are limited to these people. With permission from the family, I explain the equipment in the room, why certain things are being done they way they are, and offer reassurance that their loved one is not suffering. In short, I work as a liaison between the medical staff and the family."

When do you introduce options for organ donation?

"Support measures can go on for hours. During this time, family members begin to face the reality of what is happening. Once

the permanency of the situation is realized, the family begins to inquire about the next step. By making these inquiries, the family is starting to display a readiness to make end of life decisions. This provides an ideal opportunity to discuss options for organ donation. If the family expresses an interest in donation, the process is explained and additional questions are answered. I always make certain that the family knows what to expect, including the timeframe associated with the process. I remain with the family throughout the case to provide emotional support, including updates on organ allocation and placement. Witnessing the life-saving contribution that their loved one will make frequently helps to relieve some of the grief that they have been experiencing. It's a wonderful thing to see the hopeful expression on their face when I explain the Donor Family Program and how they may have an opportunity to meet the recipients of their loved ones life-saving contribution. Donation offers hope to a family that has been devastated by hopelessness."

What about those who choose not to donate?

"Donation is an intimate decision. It's not for everyone. Some families, for various reasons, choose not to pursue options for donation. As a Family Support Services Coordinator, my role is to ensure that all families receive emotional support, regardless of their decision. All families are entitled to compassionate care."

How do you cope with the emotional aspects of your job?

"Because of the nature of my work, I deal with tragedy on a daily basis. Many families have asserted that I have the hardest job in the hospital. I am quick to explain that I love my job because I have the honor of working with families who, during their darkest hour, make the decision to embrace life... despite death. The most rewarding part of my work comes with the hope that I have helped a family through a horrific time in their lives and helped place them on the path to healing."

Home Sweet Homeostasis



management is to keep the cells "*happy and healthy*" Imbalances in the homeostatic environment of the cell will result in cellular damage... cellular damage is tissue damage... and tissue damage is organ damage.

Simply stated, *any factor that compromises the integrity of the cell will compromise the integrity of the organ* Some organs, such as the liver and kidneys, are more resilient and have an increased likelihood of rebounding from cellular insult. Other organs such as the heart, lungs, intestine, and pancreas are extremely vulnerable to environmental variables, and readily suffer irreversible damage...



The human brain is a complex, amazing organ with countless functions. When examining the goals of donor management, we must take a closer look at the effects of brain death and the factors that interrupt biological homeostasis.

In future editions of *Lifeline*, we will examine various clinical manifestations of brain death— including metabolic disturbances, hemodynamic instability, and electrolyte imbalances. These factors have a direct impact on organ viability and utilization. We will discuss specific goals of donor management and the associated implementation of clinical interventions.

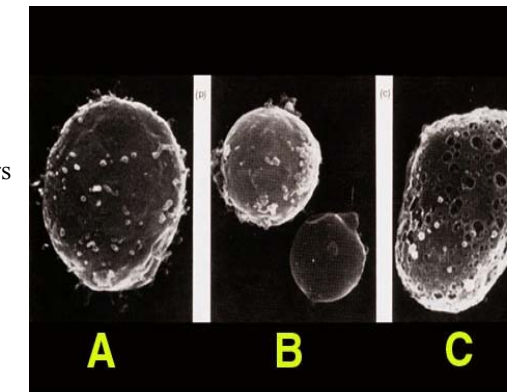
Homeostasis is one of the most remarkable properties of the human body. It's the biological ability to achieve and maintain physiological equilibrium, regardless of environmental variables.

A classic example of homeostasis is demonstrated each time we eat. After a meal, blood glucose levels rise.

This elevation in blood sugar triggers a series of biological events that result in increased insulin production.

Likewise, a decrease in glucose triggers a reduction in insulin production. The ability of the pancreas to respond to variations in glucose is a classic example of homeostasis.

Organs are composed of tissues and tissues are composed of cells. It's simple—the *golden rule* of donor



A: Acute cellular swelling
B: Normal
C: Swelling and Rupture

Don't Carry it Home!

Stress Management

A lecturer, when explaining stress management to an audience, raised a glass of water and asked, "How heavy is this glass of water?" Answers called out ranged from 20g to 500g. The lecturer replied, "The absolute weight doesn't matter. It depends on how long you try to hold it."

"If I hold it for a minute, that's not a problem. If I hold it for an

hour, I'll have an ache in my right arm. If I hold it for a day, you'll have to call an ambulance. In each case, it's the same weight, but the longer I hold it, the heavier it becomes."

He continued, "And that's the way it is with stress management. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we won't be able to carry on. As with the glass of water, you have to put it down

for a while and rest before holding it again. When we're refreshed, we can carry on with the burden."

"So, before you return home tonight, put the burden of work down. Don't carry it home. You can pick it up tomorrow. Whatever burdens you're carrying now, let them down for a moment if you can. Relax; pick them up later after you've rested. **Life is short... Enjoy it!**"

**Sooner or later
the burden will
become too
heavy if we
don't allow
ourselves to
put it down.**