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From Best Practice to Standard Practice

DONATION TEAM HUDDLES

The Department of Health and Human Services and the Institute for Health Improvement joined with key national leaders and practitioners from the nation's transplantation and hospital communities to launch the Organ Donation Breakthrough Collaborative. The Collaborative's motto is "From best practice to standard practice," and with each learning session more best practices have been discussed and recommended as standard practice.

One such practice, which PNTB and a few pioneering hospitals in our area have begun to adopt, is the donation team huddle. The term "huddle" comes from its equivalent in football: team members huddle to plan how to reach a common goal.

In a donation team huddle, the patient's care team (attending physician, bedside nurse, charge nurse, respiratory therapist, neurosurgeon, clergy, social worker and/or any others who have been involved in the patient's care) meets with the organ procurement coordinator to share information and create a plan for how to approach the family about donation. Depending on the hospital's needs, this huddle can be in person or on the phone and can include more or fewer hospital staff. The team can continue to huddle as often as needed as the patient's course of care changes.

Donation team huddles have been shown nationally to be a best practice because they facilitate communication between all parties involved in the patient's care. This results in better service to the patient's family, a better experience for the care team and ultimately, higher consent rates. When everyone on the care team knows what to expect and which role they are to play, the request process is more likely to be effective, and more lives can be saved through transplantation.

Oregon Health & Science University (OHSU) was the first hospital in our service area to implement donation team huddles, and it has seen positive results. Communication between the care team and the organ procurement coordinator has improved, and staff members involved in the patient's care have appreciated knowing the plan for organ donation. Additionally, the act of huddling has increased staff awareness both of donation and of the family's needs surrounding the donation discussion.

PNTB plans to work with every hospital in our service area to implement donation team huddles, with modifications to meet each hospital's needs. Through improved communication and increasingly effective teamwork, we can save more lives than ever before.

100th ANNIVERSARY OF FIRST CORNEAL TRANSPLANT

Throughout 2005, the Eye Bank Association of America (EBAA) and Lions Eye Bank of Oregon will be commemorating the centennial of the first corneal transplant, which was performed by Eduard Zirm, M.D., in what is now the Czech Republic. This event demonstrated that a successful corneal transplant could restore vision.

Dr. Zirm, born in 1863 in Vienna, Austria, attended the University of Vienna where he studied medicine. He worked in ophthalmology at Vienna Univ-Augenklinik and was eventually offered a position at a newly formed eye clinic in a rural area of Austria (now the Czech Republic). While there, he founded what would become the largest eye clinic in the area. During his years in practice, Zirm performed thousands of cataract surgeries along with a number of cornea transplants.

In 1904, Alois Glogar, from a small town in what is now the Czech Republic, experienced burns to both of his eyes, leaving him blind from the corneal injury.

A year later, Glogar was brought to Dr. Zirm's clinic — while at the same time an 11-year-old boy, Karl Brauer, was in an accident that left him with metal pieces in his eye. Attempts to save Brauer's eye were unsuccessful. Dr. Zirm then enucleated the damaged eye, removing the corneal tissue for transplantation into Glogar's eyes. While complications resulted in one of Glogar's eyes, the other eye remained clear, allowing him to see and return to work.



The first corneal transplant surgery, 1905

DONATION FOR RESEARCH

It's easy to feel passionate about offering the option of eye donation to a family when you feel confident that the corneas will be used immediately to give the gift of sight. You can help the family imagine the face of the recipient and the joy that you and this family will bring them by providing this gift. But when transplantation is not an option, it can feel less personal to ask for donation for education and/or research. However, a research donation that leads to a breakthrough in an ocular disease can possibly restore sight to thousands, or save people from losing their sight at all.

The Lions Eye Bank of Oregon is more than a provider of tissue for corneal transplants. It is also dedicated to the advancement of research in the area of eye disorders. The Lions Eye Bank of Oregon hopes that one day it will no longer need to provide corneas for transplant due to advances in science that can only come through the kindness of others.

All donations from people over the age of 75 are accepted exclusively for research and medical education. Even donors under 75 whose corneas are transplanted can also be research donors; many parts of the eye that remain after the removal of the cornea are useful in research.

Much of this research focuses on common diseases such as glaucoma, macular degeneration and cataracts. Many of these problems cannot be simulated for research purposes — only human eyes can be used. Donated eye tissue is also used to educate ophthalmology students on the structures of the eye.

Research with donated eye tissue is invaluable in advancing the discovery of the causes and effects of specific eye conditions and leading to new treatments and cures. With your help explaining the benefits, families can feel proud that their decision to donate is helping many people in an irreplaceable way.

Thanks to donor eye tissue, researchers have identified seven different genes that lead to primary open angle glaucoma and three genes that cause congenital glaucoma.

To Walk or Not to Walk: The Difference a Tissue Transplant Can Make

Sixteen years ago, after two months of mysteriously deteriorating mobility and balance, an MRI showed a large mass on my spinal cord. In surgery the next morning it was revealed to be a meningioma, a type of benign tumor. The last thing the surgeon did was to patch the hole in my spinal cord with a piece of human fascia 3 or 4 cm long and 1½ cm wide.

It's a little dramatic to say that patch of transplanted tissue is why I can walk today. But it's part of the story.

I didn't know until a few months ago that I was the recipient of human cadaver tissue. Until then I found discussions about the ethics and implications of organ and tissue donation fascinating to argue, to examine from various angles. Then one day, as I was about to give blood at the bloodmobile, the nurse asked a question I



Bonnie atop Tom Dick Mountain, near Mt. Hood, with canine pal Prosperity.

hadn't heard before: "Have you received a dura mater transplant?" It stopped me. I told her about my surgery. She looked it up in her Standard Operating Procedures, slammed the book shut, and stamped my paperwork "Permanent deferral."

Curiosity finally led me to Health Records last winter, where I requested a copy of my surgical record and found that I had not received dura mater (because there's a chance it might carry Creutzfeldt Jakob disease, it's no longer transplanted) but I did receive human tissue: fascia lata, from the thigh. I burst into tears. It's one thing to walk around picturing your spinal cord patched like a bicycle tire tube. It's another to realize that parts of another human being are inside your own body, helping keep you upright and walking.

Tissue transplants aren't nearly as tricky as organ transplants. Fascia lata, in fact, can be harvested from nearly any cadaver. Synthetics were available 16 years ago, my surgeon has since explained, but they didn't work as well for patches as large as mine. He could have left the hole uncovered, but leaking spinal fluid would likely have caused me other problems.

By the time I was diagnosed, I was unable to walk without assistance, and of course I was no better off immediately after the surgery. When I asked my neurologist what I needed to do to get my mobility back, he looked at me and said, "Walk. Just walk." I did. I have since written two hiking guidebooks, and am currently working on third editions of both of them.

I am healthy and mobile today in part because, years ago, at a hospital somewhere, someone asked a very difficult question of someone whose loved one had just died. And someone said yes.

Bonnie Henderson
Public Affairs Specialist
PeaceHealth Oregon Region

OREGON DONOR PROGRAM CELEBRATES 30 YEARS

In 1975, a small group of health care professionals saw the need for educating the public about organ and tissue donation. Their intuition created the foundation of a community collaboration of the groups involved in donation and transplantation, thus forming Oregon Donor Program.

During the first year, 25 people were listed for kidney transplants, 31 people donated their eyes and six individuals received cornea transplants. Oregon Donor Program successfully lobbied the legislature to promote donation on the driver's license – 60,000 people signed up.

In 1984, Oregon Donor Program incorporated and enlisted its first board of directors. During that time, the procurement of organs and tissues and transplantation were rapidly developing. In 1985, bone was procured locally for the first time, Oregon Health & Science University began its heart transplant program and Oregon became the first state to adopt "Routine Inquiry," a law requiring hospitals to request donation.

During the past 30 years many accomplishments have been realized, yet the need for donation is still critical. Oregon Donor Program's mission has not faltered: "to save and enhance lives through the promotion of organ and tissue donation." The vision, to ensure that everyone who needs a transplant gets

one, is ambitious. Board of directors chair Dave DeMots says, "Oregon Donor Program is growing stronger every day because of those who had the vision at the beginning and those who faithfully volunteer to carry on the mission today."

1975 Oregon Donor Program is established and Oregon legislature signs bill to allow donor designations on the driver's license

1976 60,000 Oregonians place a D code on their license

1984 Oregon Donor Program becomes incorporated in Oregon as a 501c(3)

1985 Oregon becomes the first state to adopt Routine Inquiry, the law requiring hospitals to approach families regarding donation

1998 Oregon Donor Program receives its first capacity building grant from M.J. Murdock and Collins Foundations

2002 Oregon Donor Program receives Outstanding Nonprofit Volunteer Program at the Heart of the Community Awards

2005 Oregon Donor Program celebrates 30 years of saving and enhancing lives

PNTB ADDS NEW ORGAN PROCUREMENT COORDINATOR

David McCloskey, B.S.N., C.C.R.N., has joined Pacific Northwest Transplant Bank as an organ procurement coordinator. David grew up in Pennsylvania and moved to Oregon in 1978 after serving in the U.S. Army. He graduated from nursing school at Oregon Health Sciences University (Portland, Ore.) in 1983 with a bachelor of science in nursing and joined Providence St. Vincent Hospital in Portland. He worked there for the next 17 years in cardiology, coronary critical care and the medical-surgical intensive care unit, eventually becoming a day-shift charge nurse in that ICU.

In the winter of 2000 David moved to Baker City in eastern Oregon to become a nurse manager of the ER, ICU and Med/Surg units at St. Elizabeth Community Hospital. In addition to his nurse manager duties, he also served as a resource in many different areas of education, quality and committee work and covered open shifts in a staff position. In the summer of 2003, David and his wife returned to Portland to care for his mother-in-law. David then returned to Providence St. Vincent Hospital as an ICU staff nurse.



David McCloskey

SPOTLIGHT ON SUCCESS: SAINT LUKE'S REGIONAL MEDICAL CENTER

Saint Luke's Regional Medical Center (SLRMC) of Boise, Idaho, is doing something right where tissue and eye donation are concerned. In the six-month period ending February 2005, SLRMC had a 50 percent consent rate for eyes (five consents out of 10 approaches) and a 64 percent consent rate for tissue (nine consents out of 14 approaches). These are the highest in our service area for any hospital with more than two approaches.

Saint Luke's is very proud of its designated requestor system, which employs 22 chaplains, social workers (MSWs) and nurses serving the 369-bed hospital. The same core group of people have been requesting for at least four years now, and the hospital's consent rates have risen to the high rates it is now experiencing.

Each new requestor receives six hours of training on donation and how to request for donation, including role-playing. After the initial training, the requestors receive three hours of additional training on the forms that are specific to Saint Luke's. SLRMC has an internal Performance Improvement Form that a designated requestor completes for every potential donor. This allows for quick identification of potential difficulties and provides any other information that may impact the request. At quarterly designated requestor meetings, the requestors discuss any learnings from the previous quarter, creating a collaborative effort to improve the requesting process.

In addition to the training and improvement that surround the donation decision, Saint Luke's has constructed an algorithm to assist staff with the requesting process. This decision tree is available to all staff in deceased patient packs or on the hospital intranet, and is posted on each floor.



Saint Luke's Regional Med Ctr, Boise, Idaho

Saint Luke's commitment to donation provides lasting, life-changing gifts to tissue graft and cornea transplant recipients. The training and professionalism of the staff pay off with the high consent rates we need to provide needed donations. Congratulations, Saint Luke's! Thank you for your commitment and keep up the great work.

The spiritual care clinical supervisor at Saint Luke's, Rev. Rich Gorman, has implemented many of the unique processes that contribute to Saint Luke's high consent rates. He would be happy to share ideas or forms with other hospitals. He can be reached at gormanr@slrmc.org, or in the spiritual care office at (208) 381-2222.

How requesting differs at St. Luke's

- Small, experienced group of requestors
- Chaplains and social workers active as requestors
- Quarterly requestor meetings
- Performance Improvement Forms completed for each potential donor
- Decision tree available for all staff

OREGON DONOR PROGRAM CALENDAR OF EVENTS

National Donate Life Month Events

The month is brimming over with awareness efforts. Look for the Donate Life message on Java Jackets, transit buses, movie screens and street banners throughout the region. Display an official Donate Life magnet on your car and wear a Donate Life wristband. Support the 30-30-30 Challenge and help Oregon Donor Program distribute 30,000 organ and tissue donor cards in honor of its 30th Anniversary. Call 503.494.7888 or 1.800.452.1369, ext. 4-7888, for details and to request supplies.

Threads of Life Quilt Unveiling
April 20, 7 p.m.
Embassy Suites Hotel
319 SW Pine Street, Portland
RSVP 1.800.452.1369, ext. 4-7888

Threads of Life Quilt Unveiling
April 26, 7:30 p.m.
Windmill Inn & Suites
2525 Ashland St., Ashland, OR
RSVP 1.800.452.1369, ext. 4-7888

Pearls of Life Auction benefitting Oregon Donor Program
April 30, 5:30 p.m.
Governor Hotel, 614 SW 11th Ave., Portland, OR.
RSVP 1.800.452.1369, ext. 4-7888

CONGRATS!

Congratulations to Beryl McCollough, RN, from Rogue Valley Medical Center!

Beryl was recently awarded a Visionary Award from Lions Eye Bank of Oregon for her continued support of donation as well as her dedication to helping families go through the many steps of the donation process.



Editorial/Subscription Information:
Lisa Miller, PNTB

PACIFIC NORTHWEST TRANSPLANT BANK

2611 SW Third Ave, Suite 320
Portland, OR 97201-4952
Voice: 503-494-5560
FAX: 503-494-4725
www.pntb.org

COMMUNITY TISSUE SERVICES - Portland

16361 NE Cameron Blvd.
Portland, OR 98230
Voice: 503-408-9394 or 800-545-8668
FAX: 503-408-9395
www.communitytissue.org

LIONS EYE BANK OF OREGON

1010 NW 22nd Ave.
Portland, OR 97210
Phone: 503-413-7523 or 800-843-7793
FAX: 503-413-6716 or 800-798-9040
<http://eyebank.orlions.org>