**Make-up of a Donor Council**

Donor Council must include members of leadership that are impactful within the hospital system, preferably individuals that have a connection to and/or are passionate about donation and transplant

1. Membership constituencies to include Critical Care, Palliative Care, Emergency Medicine, Neurosciences, Nursing
   - Attending MD (including Chief Resident and other trainees)
   - Pastoral Care
   - RN, RN educator
   - RT
   - Unit Clerk
   - Case Management/SW
   - Pharmacist
   - Lab/Pathology
   - Ethics
   - Admissions
   - Medical Records
   - Security (logistic)
   - IT (electronic notes for Brain Death Determination, clinical trigger alerts, TOD alerts)
   - Media/PR (marketing strategies, social media, local sporting events)
   - COO, CEO, CQO - accountability/education for individuals in missed opportunities
     - Donation education can occur monthly at NNO or hospital orientation

2. Content reviewed
   - Referrals (timely and effective)
   - Conversion
   - Current donation promotion events
   - Process breakdowns
     - Deaths within an hour of WOLST
     - Early WOLST
     - Avoiding intubation prematurely (deeming “nonsurvivable” injuries vs. giving 72 hrs)
     - Criteria to proceed with brain death declaration (drug metabolism vs brain imaging)
     - Pre-approach
   - Meetings can be quarterly and potentially incorporated into other hospital/systemwide meetings
   - Expectation is that council will take findings and disseminate information to their team

**CMS guidelines and hospital compliance**

- Require that all potential donors must be offered the opportunity for donation. ALL families must have the opportunity to consent or decline.
- Consider integrating QI reps and resources to aid data review, provoke reflection, and help define goals and OFIs/implementation
- Often ask about donation activity
  - [https://www.organdonor.gov/about-dot/laws.html](https://www.organdonor.gov/about-dot/laws.html)
Donor Council Activity

- Can be quarterly and integrated into existing meetings in your institution or hospital system – regional partnering ADD DAG template (our COO and Director of Hospital Services are currently developing)
- Quality EOL Care/Legacy messaging and education
- Grand Rounds supported by Donor Council effort
- Post-donation debriefings for council
  - Structured/consistent
  - Timely
  - Flexible (phone conference option)
  - Key individuals involved (direct care, supervisors, etc)
- Sample review tool
  1. OPO communications for EVERY case that meets triggers in real time with entire council (e.g. SBAR-type status update), including Administrators and key individuals
  2. Marketing involvement to provide culturally appropriate promotion activities and determine how best to get information disseminated
  3. Opportunities for donation related events
    - e.g. February 14th is National Donor Day, April is Donate Life Month
      - https://www.organdonor.gov/awareness/events.html
    - Examples of activities
      - Table Events (use volunteers to give information and obtain registration)
      - Flag raisings
      - Donor Memorial Wall events