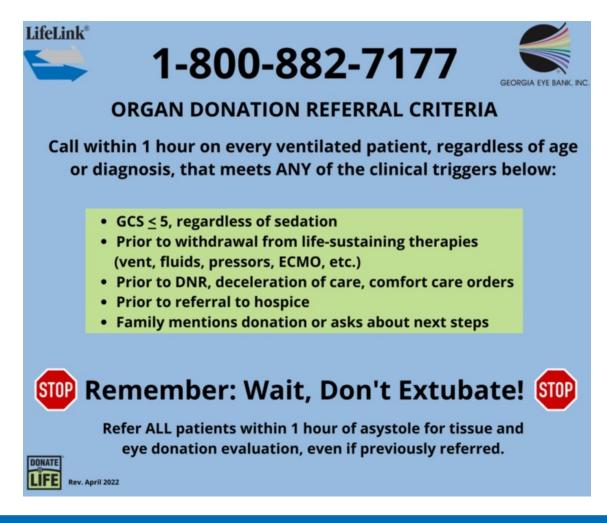
LifeLink of Georgia Updates



A non-profit community service organization dedicated to the recovery of life-saving and lifeenhancing organs and tissue for transplantation therapy.



Updated Clinical Triggers 2022









CY2022 Results

Organ Referrals by Mechanism of Death

	СҮ	PY
Cardiovascular	3557	3740
ICH/Stroke	1312	1228
Natural Causes	821	686
Blunt Injury	571	506
Gun Shot Wound	172	169
Drug Intoxication	163	159
Seizure	60	56
Asphyxiation	43	44
	17	23
None of the Above	15	9
Total	6751	6639

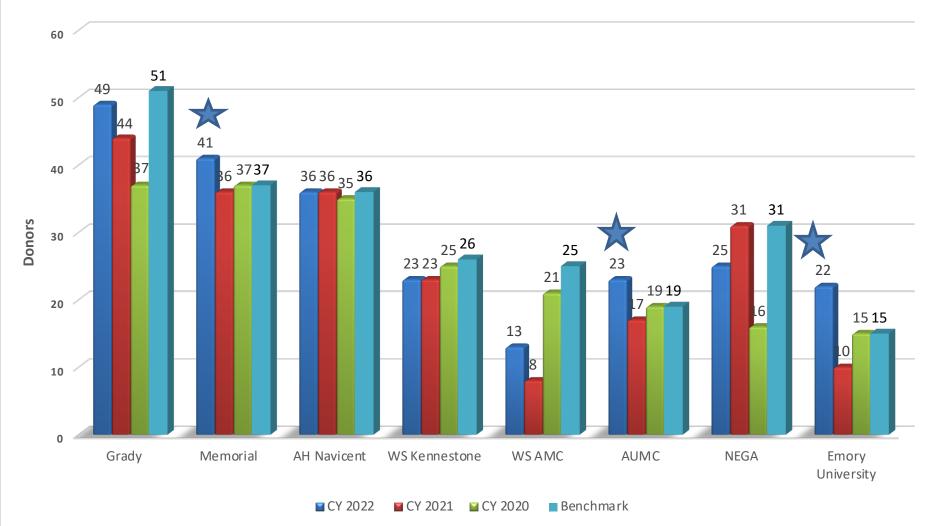
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132 Missed Organ Referrals 1.96 % Missed Organ Referral ... 6751 Organ Referrals 447 Organ Donors 6751 Organ Referrals 807 Trained Requests 89 % Trained Requestor Rate 904 **Overall Requests**



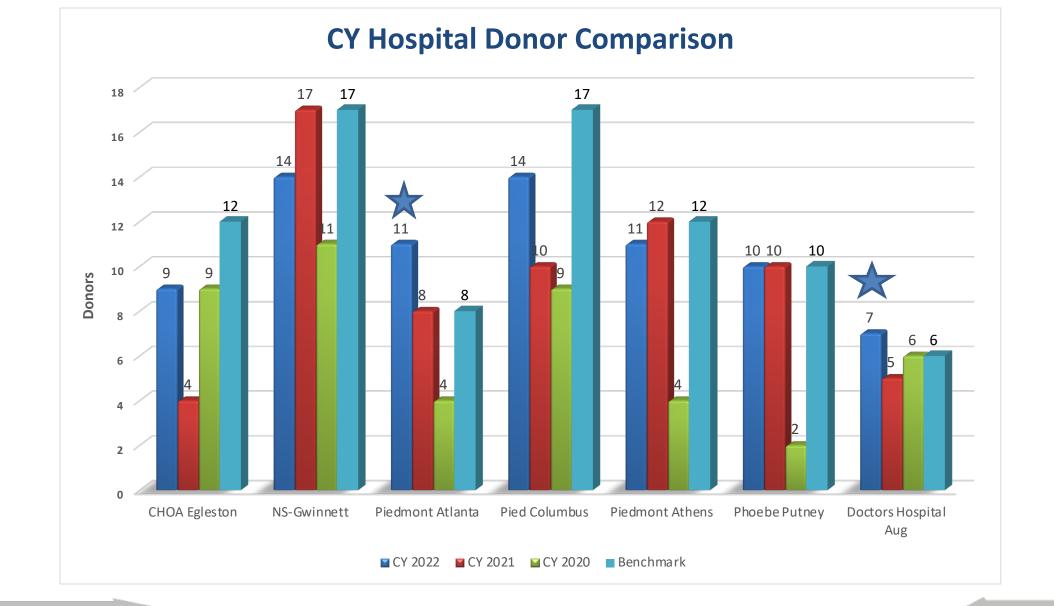


CY Hospital Donor Comparison





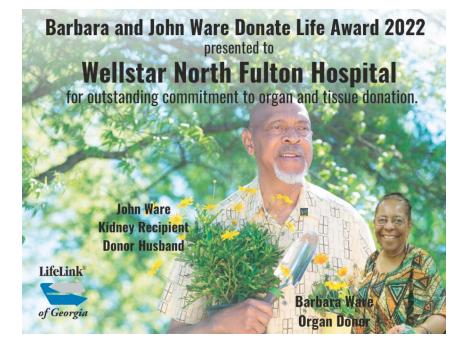
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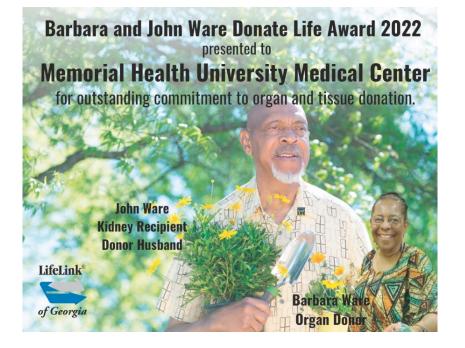




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Barbara and John Ware Donate Life Award 2022

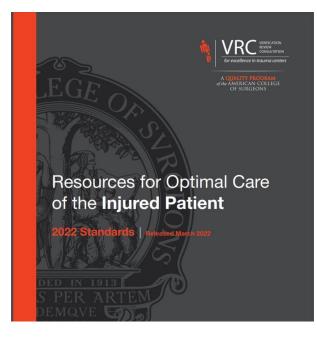








New Gray Book Standards



2.13 Organ Procurement Program—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, an organ procurement program must be available and consist of at least the following:

- An affiliation with an organ procurement organization (OPO)
- · A written policy for notification of the regional OPO
- Protocols defining clinical criteria and confirmatory tests for the diagnosis of brain death

Additional Information

This standard pertains to solid organ procurement from trauma patients only.

Measures of Compliance

- OPO affiliation agreement
- Regional OPO notification policy
- · Protocol for brain deaths

Resources

None

References





7.2 PIPS Plan—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

- All trauma centers must have a written PIPS plan that:
- Outlines the organizational structure of the trauma PIPS process, with a clearly defined relationship to the hospital PI program
- Specifies the processes for event identification. As an example, these events may be brought forth by a variety of sources, including but not limited to: individual personnel reporting, morning report or daily signouts, case abstraction, registry surveillance, use of clinical guideline variances, patient relations, or risk management. The scope for event review must extend from prehospital care to hospital discharge.
- Includes a list of audit filters, event review, and report review that must include, at minimum, those listed in the Resources section
- Defines levels of review (primary, secondary, tertiary, and/or quaternary), with a listing for each level that clarifies:
 - Which cases are to be reviewed
 - Who performs the review
 - When cases can be closed or must be advanced to the next level
- Specifies the members and responsibilities of the trauma multidisciplinary PIPS committee
- Outlines an annual process for identification of priority areas for PI, based on audit filters, event reviews, and benchmarking reports

Additional Information

None

Measures of Compliance

PIPS plan that meets criteria outlined in this standard

Resources

Audit filters, event or report reviews:

- · Surgeon arrival time for the highest level of activation
- Delay in response for urgent assessment by the neurosurgery and orthopaedic specialists
- Delayed recognition of or missed injuries
- Compliance with prehospital triage criteria, as dictated by regional protocols
- Delays or adverse events associated with prehospital trauma care
- Compliance of trauma team activation, as dictated by program protocols
- · Accuracy of trauma team activation protocols
- Delays in care due to the unavailability of emergency department physician (Level III)
- Unanticipated return to the OR
- · Unanticipated transfer to the ICU or intermediate care
- Transfers out of the facility for appropriateness and safety
- All nonsurgical admissions (excludes isolated hip fractures)
- Radiology interpretation errors or discrepancies between the preliminary and final reports
- Delays in access to time-sensitive diagnostic or therapeutic interventions
- Compliance with policies related to timely access to the OR for urgent surgical intervention
- Delays in response to the ICU for patients with critical needs
- Lack of availability of essential equipment for resuscitation or monitoring
- MTP activations
- Significant complications and adverse events
- Transfers to hospice
- All deaths: inpatient, died in emergency department (DIED), DOA
- Inadequate or delayed blood product availability
- Patient referral and organ procurement rates
- Screening of eligible patients for psychological sequelae
- Delays in providing rehab services
- Screening of eligible patients for alcohol misuse
 Pediatric admissions to nonpediatric trauma centers
- Pediatric admissions to nonpediatric trauma cent
 Neurotrauma care at Level III trauma centers
- Neurotrauma diversion

References





T. Solid organ donation rate (CD 16–9). This rate must be routinely monitored and reviewed annually. All trauma patients determined brain dead according to the institution's policy should be referred to the local/regional organ procurement agency.

Percentage = Organ Donors × 100 Referrals

Cases in which referral was not made should be reviewed for rationale and opportunities for improvement.





DoNation Campaign Overview

<u>History</u>: Workplace Partnership for Life Campaign was launched in 2011 and is a national initiative of the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Purpose: Hospitals partner with their federally designated organ procurement organizations, such as LifeLink, to conduct organ and tissue donation registration drives, social media campaigns and other events to raise donation awareness. This campaign is vital to the more than 106,000 people in the US awaiting a life-saving organ transplant, and the hundreds of thousands more who could benefit from a life-enhancing tissue transplant.

Rebranded: DoNation Campaign

New logo and branding to improve visibility

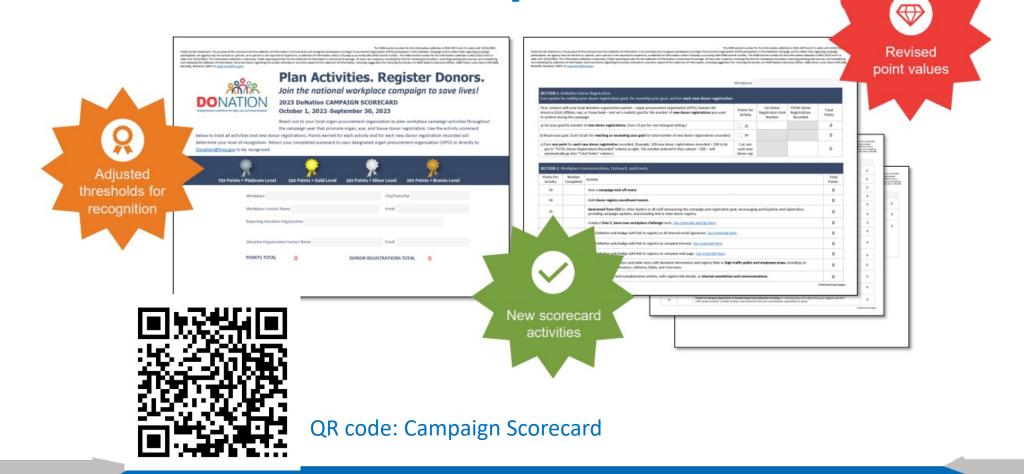
LifeLink®

- Refreshed scorecard with additional activities, updated point values, and improved pathways to recognition
- Expanded timeline, with more flexibility to run campaign at any time of the year based on workplace planning and needs
- More opportunities to celebrate key observances and boost organ donation awareness and donor registrations
- New tools and resources to address key areas of campaign outreach and implementation
- Opportunities to connect with a broader DoNation community inclusive of all U.S. workplaces





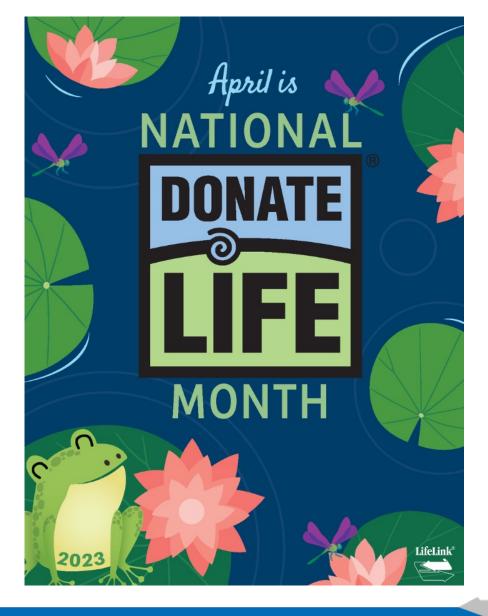
Campaign Scorecard Overview & Activity Ideas





www.LifeLinkFoundation.org

Make a Splash for National Donate Life Month







Important Dates

- Blue & Green Spirit Week: April 8-14
- Blue & Green Day: April 14







Donate Life Month Resources: How to Participate

OVERVIEW

Today, more than 104,000 men, women and children still await the opportunity for renewed life through organ donation while hundreds of thousands more could benefit from the gift of tissue donation. By working with dedicated healthcare professionals like you, we can and will make a difference. Together, we can save more lives!

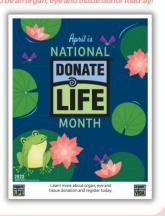
This packet will provide you with ideas to celebrate National Donate Life Month in your hospital, either virtually or in-person. We look forward to working together to educate hospital staff about organ, eye and tissue donation and encouraging them to make a donation decision. All materials in this packet can be downloaded from our website: <u>LifeLinkFoundation.org/hrsadonation</u>

Make a Splash for National Donate Life Month

Hop to it and register you decision to be an organ, eye and tissue donor toad-ay!

Donate Life America was inspired by the natural world of a pond coming to life in the spring.

Frogs (and toads!) are a sign of healing and renewal, and water lilies represent hope. The lily pads we see on the surface of a pond are part of a much larger plant rooted below the water. The water lily plant reminds us of the support and collaboration needed for hope to bloom.





QR Code: Resource Guide





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