

# DEVELOPING A TISSUE DONATION ADVOCACY PROGRAM IN A RURAL EMERGENCY DEPARTMENT

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Although major strides have been made with regard to organ and tissue donation, there continues to be a lack of available donors. Currently more than 100,000 persons are awaiting a life-saving transplant, and 1 million others have conditions such as blindness, dermal burns, and malfunctioning heart valves that could be improved with a tissue transplant. Because approximately 40 persons can benefit from just one donor and because many families are comforted knowing that their loved one was able to help others in need, tissue donation efforts are a priority for health care professionals. A limited number of emergency departments across the United States have developed programs in which nurses introduce

tissue donation to families after cardiac death occurs. The concept of emergency nurse-initiated tissue donation dialogues with family members is relatively new. As a result, few resources, literature, and programs are available, and thus guidance and support in the development of future programs are needed. This article discusses the development and implementation of a tissue donation advocacy program in a rural emergency department. Planning, training, and recommendations for others wishing to implement a similar program are highlighted. Preliminary outcome information and planned evaluations are included.

Although major progress has been made recently in the field of organ and tissue donation, there continues to be a lack of available donors. More than 100,000 persons in the United States are awaiting a life-saving transplant. One million others have conditions such as blindness and malfunctioning heart valves that could be improved with a tissue transplant.<sup>1</sup> Approximately 40 persons can benefit from just one tissue donor.<sup>2</sup>

Organ donation differs from tissue donation in that it is the process of transplanting entire organs such as lungs, hearts, and kidneys from an organ donor to a recipient in an operating room after brain or cardiac death. Tissue donation involves the transplantation of heart valves, skin, bone,

tendons, cartilage, sclera, and corneas from a tissue donor to a recipient following cardiac death. Tissues generally are harvested in a mortuary or tissue processing center and then are either frozen for later use or are transplanted immediately.

A limited number of emergency departments across the United States have recently developed programs in which nurses initiate donation discussions with families after cardiac death occurs. Resources that provide guidance and support in the development of future programs are limited. This article discusses the development, implementation, and evaluation of a tissue donation advocacy program in a rural emergency department.

## Background

Overall, minimal current research exists with regard to the practice of emergency nurses approaching family members about tissue donation after cardiac death occurs. Fourteen articles discussing organ and tissue donation in an ED setting have been published during the past 10 years. Of these articles, 7 are practice based and 7 are research based.

Both the American College of Emergency Physicians<sup>3</sup> and ENA<sup>4</sup> recognize the need for policies and procedures related to tissue donation and procurement. Further, ENA has declared that it is within the role of emergency nurses to “actively participate in the organ and tissue donation process for transplantation, be knowledgeable in the identification of potential donors, initiate a discussion regarding

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organ and tissue donation with families after completing a requestor designation course offered or approved by the organ procurement organization, and to facilitate, coordinate, and intervene as the patient/family advocate.<sup>4</sup> Emergency nurses are ideally positioned to advocate for organ and tissue donation because they often have first contact with families in times of crisis.

One barrier to implementation of a tissue donation program in emergency departments is the ED environment itself, which is generally busy with rapidly changing patient volumes and acuity levels. As a result, finding the time to talk to families about tissue donation can be a challenge for emergency nurses.<sup>5</sup> Unlike intensive care unit nurses, emergency nurses often have limited time to establish relationships with family members because of the complexity and nature of their work environment. In addition, because of the sudden nature of some ED deaths, family members often have little time to come to terms with their loss.<sup>6</sup>

Another obstacle to the implementation of a program in the emergency department is the lack of confidence nurses often have in initiating donation discussions with suddenly bereaved families (K. Rudd, R. Fritcher, L. Suplee, et al., unpublished data, 2009). Some nurses believe they are burdening families with the need to make a decision when offered the option to donate. However, the role of emergency nurses is to present the option of tissue donation and allow families to make a decision based on what their loved one would have wanted.<sup>7</sup>

A study investigating tissue donation consent rates in an emergency department during a 5-month period found that tissue donation consent rates were 56% among families who were approached in the emergency department compared with a 40% consent rate among families approached after they left the emergency department (K. Rudd, R. Fritcher, L. Suplee, et al., unpublished data, 2009). Researchers concluded that emergency departments were optimal places to initiate donation discussions, resulting in improved consent rates and decreased time between donation discussions and obtaining consent.

M. Coolican and F. Rosenberg (unpublished data, 2009) compared family satisfaction with face-to-face versus telephone approaches to the discussion of tissue donation and the subsequent decision to donate. A satisfaction survey was distributed to 1327 donor families in 5 states approximately 3 months after the death of their family member. Forty percent of respondents preferred to discuss the potential for donation at home as opposed to in the hospital. Thirty-four percent were unsure, and 26% preferred to discuss donation while at the hospital. Results indicated that most families felt more comfortable discussing donation in their homes. In addition, consent rates were higher if

families were introduced to the concept of tissue donation while in the hospital. Seventy-five percent of families who were presented with the option of donating while in the hospital consented, compared with 35% who consented after being approached for donation via a telephone conversation.

Anxiety and lack of confidence among nurses are important factors in tissue donation discussions. The incidence of emergency nurse initiation and non-initiation of tissue donation discussions was evaluated in 256 ED deaths during a 2-year period. Out of 45 families approached by 19 emergency nurses, seven consented to donate. To account for the large number of families who were not approached, it is essential to determine and address how nurses rationalize their decision not to approach the family. In this study, both nurses and families reported positive experiences with donation discussions.<sup>3</sup>

Unfortunately, the process of approaching families regarding tissue donation in the emergency department is relatively new, and the effectiveness of such programs can be difficult to judge. A literature search did not reveal studies evaluating the effectiveness of formal tissue donation programs in emergency departments, although the literature does support that emergency nurses are in a prime position to approach families, that early discussions improve the likelihood of consent, and that nurse anxiety can be a deterrent to initiating donation discussions. Implementing a program to increase tissue donation discussions with families in the emergency department deserves appropriate consideration.

### Program Development

Peninsula Regional Medical Center (PRMC) is a 360-bed full-service medical center located on the Eastern Shore of Maryland, which is a rural community located approximately 120 miles from the nearest urban area. The emergency department at PRMC evaluates and treats approximately 90,000 patients per year in its 56-bed unit. PRMC is the only state-designated level III emergency/trauma center on the Eastern Shore of Maryland and has the potential for approximately 20 tissue donors each month.

Historically, nursing supervisors have overseen all deaths within the facility. This process includes contacting the Maryland Donor Referral Line (MDRL) regarding all deaths, coordinating medical examiner cases, facilitating funeral home dispositions, and supporting families. Nursing supervisors report information such as the deceased person's age, medical history, and suspected cause of death to MDRL. At this point, Maryland's organ procurement organization, The Living Legacy Foundation, decides whether the patient is eligible for tissue donation. If the

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