

The following glossary is excerpted from the United Network for Organ Sharing online glossary at www.unos.org/resources/glossary.asp.

Allocation Policies

Rules established by the Organ Procurement Transplantation Network (OPTN) to guide and regulate organ allocation and distribution in the United States.

American Association of Tissue Banks (AATB)

The American Association of Tissue Banks is a scientific, not-for-profit, peer group organization founded in 1976 to facilitate the provision of transplantable cells and tissues of uniform high quality in quantities sufficient to meet national needs.

Autograft

A graft of skin or other tissue that is taken from the body of the person to be grafted rather than from another person.

Biopsy

A tissue sample from the body, removed and examined under a microscope to diagnose for disease, determine organ rejection, or assess donated organs or tissues.

Blood Type

One of four groups (A, B, AB or O) into which blood is classified. Blood types are based on differences in molecules (proteins and carbohydrates) on the surface of red blood cells.

Blood Vessels

The veins, arteries and capillaries through which blood flows in the body. Certain blood vessels can be donated and transplanted.

Brain Death

Irreversible cessation of cerebral and brain stem function; characterized by absence of electrical activity in the brain, blood flow to the brain, and brain function as determined by clinical assessment of responses. A brain-dead person is dead, although his or her cardiopulmonary functioning may be artificially maintained for some time.

Cadaveric Transplant

The transplant of an organ from a deceased donor. The preferred term is Deceased Donor Transplant.

Candidate

A person registered on the organ transplant waiting list. When an organ is offered on behalf of the candidate, he or she is then referred to as a Potential Transplant Recipient (PTR).

Cardiac Death

Death resulting from the cessation of heart function; an individual who suffers a cardiac death may be able to donate organs in certain circumstances.

Centers for Medicare & Medicaid Services (CMS)

Formerly titled the Health Care Financing Administration, CMS is an agency of the U.S. Department of Health and Human Services (HHS) responsible for administering the Medicare and Medicaid programs, which provide healthcare coverage to America's elder, disabled and indigent populations.

GLOSSARY OF TERMS

Cold Ischemia Time (CIT)

The amount of time an organ spends being preserved after recovery from the donor.

Conversion Rate

The percentage of times a death meeting eligible criteria (eligible death) becomes an actual donor.

Deceased Donor

An individual, after suffering brain death or cardiac death, from whom at least one solid organ or tissue is recovered for the purpose of transplantation.

Deceased Donor Transplant

The transplant of an organ from a deceased donor.

Directed Donation

The donation of an organ to a specifically identified recipient. These instructions are given by a donor or donor family member.

Donation after Cardiac Death (DCD)

Recovery of organs and/or tissues from a donor whose heart has irreversibly stopped beating.

Donation Rate

In statistics, the number of actual donors from which at least one organ is recovered for the purpose of transplantation. One method of computing donation rate is as a percentage of a specified population (e.g., eligible deaths divided by donors recovered).

Donation Service Area (DSA)

The geographic area designated by CMS that is served by one organ procurement organization (OPO), one or more transplant centers, and one or more donor hospitals. Formerly referred to as Local Service Area or OPO Service Area.

Donor

Someone from whom at least one organ or tissue is recovered for the purpose of transplantation. A deceased donor is a patient who has been declared dead using either brain death or cardiac-death criteria. A living donor is one who donates an organ or segment of an organ for the intent of transplantation.

Donor Management

The process and critical pathways used to medically care for donors in order to keep their organs viable until organ recovery can occur.

Donor Registry

Available 24 hours a day, seven days a week, a donor registry provides authorized professionals access to a confidential database of registered organ donors, allowing easy and quick confirmation of an individual's consent to organ donation. All registries are voluntary and many – including Texas – are affiliated with the local motor vehicle bureau.

Effective Request Process

A process developed collaboratively between the hospital and the organ procurement organization (OPO) that culminates in the request to the family, using tested and proven methodology.

Ethics

Medical ethics is the discipline of evaluating the merits, risks and social concerns of activities in the field of medicine. Principles include:

- A practitioner should act in the best interest of the patient (*Salus aegroti suprema lex*)
- “First, do no harm” (*primum non nocere*), from the Hippocratic Oath
- Autonomy – a patient’s right to choose or refuse treatment (*Voluntas aegroti suprema lex*)
- Justice – concerns the distribution of scarce health resources, and the decision of who gets what treatment
- Dignity – the patient (and the person treating the patient) has the right to dignity
- Truthfulness – patients should not be lied to and deserve to know the whole truth about their illness and treatment

Principles such as these do not give answers as to how to handle a particular situation, but guide doctors on what principles ought to apply to actual circumstances.

First-Person Consent Legislation

Legislation that allows donor designation to be indicated on a driver’s license or an official signed donor document, which gives hospitals legal authority to proceed with organ procurement without consent from the family.

Food and Drug Administration (FDA)

An agency within the U.S. Department of Health and Human Services responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, food supplies, cosmetics and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer and more affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health. All tissue recovery agencies must be registered with the FDA.

Freedom of Information Act

A federal law giving any person the right to obtain federal agency records, unless the records (or part of the records) are protected from disclosure by any of the nine exemptions contained in the law.

Health Insurance Portability and Accountability Act (HIPAA)

Passed in 1996, HIPAA requires employers to provide health insurance coverage to employees who lose or change jobs. The act also involves standardization of healthcare-related information systems including data security, protection of patient confidentiality and privacy.

Health Resources and Services Administration (HRSA)

The primary healthcare agency of the federal government that deals with health access issues. HRSA oversees and provides funding for the Organ Procurement and Transplantation Network (OPTN).

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

An independent, nonprofit organization that evaluates and accredits healthcare organizations and programs in the United States including hospitals, nursing homes and home health agencies. The commission establishes guidelines for the operation of hospitals and other health facilities and conducts survey and accreditation programs.

Legislation

A law group of laws proposed or enacted that have the force or authority of a state or federal government, or other organization. For transplant-related legislation, see Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), OPTN Final Rule, First-Person Consent Legislation, Health Insurance Portability and Accountability Act (HIPAA), National Organ Transplant Act (NOTA), Uniform Anatomical Gift Act, Uniform Brain Death Act, and Uniform Determination of Death Act.

GLOSSARY OF TERMS

National Organ Transplant Act (NOTA)

The National Organ Transplant Act (1984 Public Law 98-507), approved October 19, 1984, and amended in 1988 and 1990, outlawed the sale of human organs and provided the establishment of the Task Force on Organ Transplantation; authorized the Secretary of Health and Human Services to make grants for the planning, establishment and initial operation of qualified organ procurement organizations (OPOs); and established the formation of the Organ Procurement and Transplantation Network (OPTN) and Scientific Registry of Transplant Recipients (SRTR).

Non-heartbeating Donor (NHBD)

See *Donation after Cardiac Death*.

Organ

A part of the body made up of tissues and cells that enable it to perform a particular function. Transplantable organs are the heart, liver, lungs, kidneys, pancreas and intestines.

Organ Donation and Recovery Improvement Act

Passed by Congress in 2004, the Organ Donation and Recovery Improvement Act established programs to increase organ donation through public awareness campaigns and education projects, and provided grants programs for individual states supporting use of hospital-based organ procurement coordinators, research and demonstration projects, and reimbursement to living donors for travel-related expenses.

Organ Donation

To give an organ or a part of an organ to be transplanted into another person. Organ donation can occur with a deceased donor, who can give kidneys, pancreas, liver, lungs, heart or intestinal organs, and with a live donor, who can give a kidney, or a portion of the liver, lung or intestine.

Organ Procurement

The removal or retrieval of organs from a donor for transplantation.

Organ Procurement and Transplantation Network (OPTN)

In 1987, Congress passed the National Organ Transplant Act that mandated the establishment of the OPTN and Scientific Registry of Transplant Recipients. The purpose of the OPTN is to improve the effectiveness of the nation's organ procurement, donation and transplantation system by increasing the availability of and access to donor organs for patients with end-stage organ failure. The Act stipulated that the Network be a non-profit, private-sector entity comprised of all U.S. transplant centers, organ procurement organizations and histocompatibility laboratories. These members along with professional and voluntary healthcare organizations and the representatives of the general public are governed by a Board of Directors which reports to the Division of Transplantation, HRSA and, ultimately, HHS. UNOS holds the OPTN contract.

Organ Procurement Organization (OPO)

An organization designated by the Centers for Medicare & Medicaid Services (CMS) and responsible for the procurement of organs for transplantation and the promotion of organ donation. OPOs serve as the vital link between the donor and recipient, and are responsible for the identification of donors, and the retrieval, preservation and transportation of organs for transplantation. They are also involved in data follow-up regarding deceased organ donors. As a resource to the community, OPOs engage in public education on the critical need for organ donation. See also *Donation Service Area (DSA)*.

Procurement

The surgical procedure of removing an organ from a donor. Also referred to as recovery.

Public Comment

A pivotal step in the OPTN policy-making process, public comment assures that the perspectives and concerns of the general public are taken into account and addressed in policy proposals. Generally speaking, the period for public comment is 45 days. The sponsoring committee considers the comments, provides additional information as needed, modifies the proposal as it deems appropriate, or dismisses the proposal for further consideration.

Recovery

The surgical procedure of removing an organ from a donor.

Required Request

Families of suitable donors who have died in a hospital must be informed that their loved ones' organs and tissues can be used for transplant. This is usually done by the organ and/or tissue procurement organization with which the hospital has contracted. This law is expected to increase the number of donated organs and tissues for transplantation by giving more people the opportunity to donate.

Retrieval

The surgical procedure of organ recovery. Also referred to as procurement.

Routine Referral

Hospitals are required on or before each death to call the OPO in order to determine suitability for organ, eye and tissue donation. The OPO, in consultation with the patient's attending physician or his or her designee, will determine the suitability for donation. If the patient is a candidate for anatomical donation, only personnel from the OPO or a designated requestor from the hospital can request donation from the next of kin.

Social Security Act, Section 1138

Federal legislation requiring all U.S. hospitals to establish written protocols for identifying potential organ donors. The Act also requires hospitals to notify their designated OPO of potential organ donors to:

- ensure that families of potential organ donors are made aware of the option of organ or tissue donation and their option to decline, and to
- encourage discretion and sensitivity by hospitals with respect to the circumstances, views and beliefs of such families.

The Act also outlined the responsibilities of OPOs, and required OPOs and hospitals performing transplants to comply with the membership standards and policies of the OPTN.

Transplant Center

A hospital that performs transplants, including qualifying patients for transplant, registering patients on the national waiting list, performing transplant surgery and providing care before and after transplant.

Transplant Program

The organ-specific facility within a transplant center. A transplant center may have programs for the transplantation of heart, lungs, liver, kidneys, pancreata, pancreas islets and/or intestines.

Transplant Team

The diverse group of professionals at the transplant center who work to make a transplant successful. Each person on the Transplant Team is an expert in a different area of transplantation. The Transplant Team includes all or some of the following professionals:

- Clinical transplant coordinators have responsibility for the patient's evaluation, treatment and follow-up care.
- Transplant physicians are doctors who manage the patient's medical care, tests and medications. He or she does not perform surgery. The transplant physician works closely with the transplant coordinator to coordinate the patient's care until transplanted, and in some centers, provides follow-up care to the recipient.

GLOSSARY OF TERMS

- Transplant surgeons perform the transplant surgery and may provide the follow-up care for the recipient. The transplant surgeon has special training to perform transplants.
- Financial coordinators have detailed knowledge of financial matters and hospital billing. The financial coordinator works with other members of the Transplant Team, insurers and administrative personnel to coordinate and clarify the financial aspects of the patient's care before, during and after the transplant.
- Social workers help patients and their families understand and cope with a variety of issues associated with a patient's illness and/or the various side effects of the transplant itself. In some cases, the social worker may perform some of the financial coordinator duties as well.

Uniform Anatomical Gift Act (UAGA)

The 1968 Uniform Anatomical Gift Act provided the legal foundation upon which human organs and tissues could be donated for transplantation by execution of an anatomical gift authorizing document. Since 1972, all 50 states and the District of Columbia have adopted this Act, or amended forms of this Act.