

Referral Huddle

Occurs when LifeGift staff responds onsite to a referral
LifeGift will alert the charge nurse when it is time for this huddle

LifeGift Members:

- Referral Clinical Specialist or Donation Clinical Specialist or In-House Donation System Specialist or Donation Systems Specialist

Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse, Charge Nurse, Respiratory Therapist, Physician and other providers if appropriate
- May also include chaplain, social work, or other members of the team caring for the patient

Objective:

- To discuss patient's clinical status, share plan of care and determine patient's current donor potential status

Information to be Discussed:

- Introduce LifeGift and healthcare team members and identify roles
- Confirmation of patient status (clinical condition improving vs. worsening) and hospital plan of care
- LifeGift notification to the healthcare team of potential donation opportunities including Brain Death, Donation After Circulatory Determination of Death and/or Tissue donation
- Assessment of Family Readiness and if applicable Legally Authorized Representative determination, communication of donor designation, if registered
- Healthcare team to contact LifeGift prior to de-escalation and with any changes to plan of care for the purpose of preserving the donation opportunity
- LifeGift communicates follow-up plan, e.g. 'someone from LifeGift will return during night shift'
- Does anybody have any questions or concerns?



Huddle
Checklists

Pre-Donation Conversation Huddle

Occurs prior to donation conversation with family
LifeGift will alert the charge nurse when it is time for this huddle

LifeGift Members:

- Family Engagement Specialist
- In-House Donation System Specialist
- Possibly Donation Systems Specialist and/or Donation Clinical Specialist

Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Attending Physician and other providers if appropriate
- Possibly chaplain, social work, or other members of the team involved with family

Objective:

- To establish a collaborative donation conversation plan, identify decision makers, and assess family understanding/acceptance and potential barriers

Information to be Discussed:

- Introduce LifeGift and healthcare team members and identify roles
- Identification of the family members and Legally Authorized Representative
- Is the family waiting on any decision-makers?
- If a large family, who should be included in the donation conversation?
- Any clinical factors that might impact patient stability or organ suitability
- Brain dead potential donors: Has family been informed of brain death?
- Brain dead potential donors: Does family accept that the patient cannot recover and has been declared dead?
- Has the LifeGift Family Readiness Assessment Tool been completed and if so, what are the findings?
- DCD potential donors: Does family understand and accept poor prognosis?
- Are there any family dynamics that LifeGift should be aware of prior to meeting the family?
- Are there any religious or cultural considerations or needs that should be discussed?
- Is the patient on the donor registry?
 - If yes, discussion of how First Person Authorization differs from Legally Authorized Representative authorization and how that affects the donation conversation
- Identify who will be speaking with family, including appropriate members of healthcare team
- Discuss how to introduce LifeGift to family
- Assist with providing bridging and transition language to hospital staff
- Decide upon time and location of donation conversation



Huddle
Checklists

Post-Donation Conversation Huddle

*Occurs after LifeGift speaks to authorizing agent
LifeGift will alert the charge nurse when it is time for this huddle*

LifeGift Members:

- Family Engagement Specialist
- Possibly Donation Clinical Specialist, Donation Systems Specialist, In-House Donation System Specialist

Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Attending Physician and other providers if appropriate
- May also include chaplain, social work, or other members of the team involved in donation conversation

Objective:

- To review outcome of donation conversation and address next steps

Information to be Discussed:

- Introduce LifeGift and healthcare team members and identify roles
- Who was involved with the discussion with the family about donation?
- What opportunities for donation did LifeGift discuss with the family?
- Any family concerns to be addressed by healthcare team such as misunderstanding of brain death, hope for “getting better?”
- Did family authorize, decline or not make decision at this time?
- If patient is a registered (first person authorization) donor and family is in opposition
 - Discuss escalation plan to LifeGift and hospital leadership, if appropriate
- If family did not make decision
 - Timeframe and plan for LifeGift to reapproach family
- If family authorized donation
 - See Case Start Huddle
 - Did the family designate a point of contact for LifeGift/HCT?
 - Did the family request time frame for donation?
 - Was transfer process discussed with family? IF APPLICABLE
- Discuss next steps in continuing to support and communicate with family
- Will there be a flag-raising or honor walk?
- Any additional needs or family requests for special considerations or activities for end-of-life care?



Huddle
Checklists

Active Case Progress Huddle

Occurs at the start of a donor case and during shift change
LifeGift will alert the charge nurse when it is time for this huddle

LifeGift Members:

- Donation Clinical Specialist
- Possibly Family Engagement Specialist, Donation Systems Specialist, In-House Donation System Specialist

Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Physician and other providers if appropriate
- May also include respiratory care and other clinicians involved in clinical care of donor

Objective:

- To introduce LifeGift and HCT incoming team members to each other and discuss current plan of care for the patient. Inform the incoming HCT of donor's care and condition during previous shift and share requests and procedures needed during the upcoming shift. Includes family dynamics, diagnostics and orders, and any additional clinical information and needs.

Information to be Discussed:

- Introduce LifeGift and healthcare team members and identify roles
- Important communication if the potential donor is a DCD
 - Legally Authorized Representative is the one making the decision to withdraw life sustaining measures
 - Organ donation will happen only if the patient expires within the allotted time
 - The primary goal is a dignified death, organ donation is a secondary outcome
 - LifeGift is here to support organ donation if the patient expires within the allotted time after withdrawal of life sustaining therapies
 - The patient's care remains under the hospital care team's responsibility, including comfort medication management and end of life procedures
- Plan of care for the shift, including the phase of the donation process
 - Disclosing information regarding potential recipients to the healthcare team is prohibited
- LifeGift needs/requests to the medical team: specimens, medications, diagnostics, etc.
- Does anybody have any questions or concerns?



Huddle
Checklists

Brain Dead Pre-OR Huddle

*Occurs prior to donor entering OR for organ recovery on BD Cases
LifeGift will alert the charge nurse when it is time for this huddle*

LifeGift Members:

- Donation Clinical Specialist
- Donation Recovery Specialist
- Recovery Surgeon(s)
- Possibly Family Engagement Specialist, Donation Systems Specialist, In-House Donation System Specialist

Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- OR circulator
- Anesthesia
- Respiratory care
- ICU nurse and attending physician
- Family support teams, ex. chaplain

Objective:

- To introduce staff participating in the recovery process; describe roles and responsibilities

Information to be Discussed:

- Once participants are gathered, the DCS will start the discussion as follows:
- Personnel introductions and roles of all participants
- Specification that this is a brain-dead case
- Family considerations expressed by family engagement personnel
- Honor walk and plan specifics from unit's charge nurse and/or DSS
- Wheels-in plan:
 - Target wheels-in time
 - Indicate per LifeGift's policy moving the donor to the operating room is allowed granted that a LifeGift recovery surgeon is onsite. If no LifeGift recovery surgeon is onsite, all recovery teams must be onsite prior to moving the donor.
- Discussion with anesthesia provider re: the anesthesia worksheet, hemodynamic and respiratory parameters.
 - Recovery surgeon will request the administration of Lasix or Mannitol
 - DRS will communicate to anesthesia provider when Heparin should be administered
- Request for the donor to be transferred on a ventilator if lungs are to be recovered.

Continued on next page



Huddle
Checklists

Brain Dead Pre-OR Huddle

Continued from previous page

Information to be Discussed:

- Biopsy needs and plans that might include hospital's communication with the pathologist
- Indicate whether tissue recovery will take place at the hospital
 - Anticipated delays, including cross-clamp
- DRS then will cover plans for
 - Procedures upon arrival to OR
 - ME pictures if applicable
 - Prep and drape
 - DRS will elaborate on circulator responsibilities (authorization paperwork review, hospital time out, call for blood bank, biopsy orders, prepping with ChloroPrep/Betadine, gathering supplies as needed, assistance with donor transfer and positioning to OR bed, crash cart operation, performance of instrument count, Bovie system and suction set up)
- Does anybody have any questions or concerns?
- Moment of Silence



Huddle
Checklists

Pre-Extubation Huddle (for DCD)

Occurs within one hour prior to the withdrawal of life sustaining therapies
LifeGift will organize and lead this huddle

LifeGift Members:

- Donation Clinical Specialist
- Donation Recovery Specialist
- Family Engagement Specialist
- In-House Donation System Specialist
- Possibly Donation Systems Specialist

Health Care Team Members:

- Bedside Nurse
- Respiratory Therapist
- Unit Charge Nurse
- Pronouncing designated healthcare provider
- OR Charge Nurse
- OR Scrub
- OR Nurse
- Designated anesthesia provider (if donor is to be reintubated)
- Family support teams, ex. chaplain

Objective:

- For DCD donors, to discuss end-of-life and declaration of death process and subsequent organ recovery; including a review of roles and responsibilities of each team member participating

Information to be Discussed:

- Introductions
 - DCS introduces self, states role, explains DCD process
 - Invite each team member to introduce themselves and their role
- Emphasize Goals
 - Primary Goal: Dignified and comfortable end-of-life process for the patient
 - Secondary Goal: organ donation (only possible if patient expires within allotted timeframe)
- Patient Verification: Confirm patient identity by reviewing:
 - Authorization documentation
 - Patient identification materials

Continued on next page



Huddle
Checklists

Pre-Extubation Huddle (for DCD)

Continued from previous page

- Moment of Honor: 'We gather today to honor _____, whose final chapter is one of extraordinary generosity. In this moment, we pause to recognize the selflessness shown by _____ and his/her family. Though our roles differ, our purpose is shared: to uphold _____' dignity and the trust his/her family has placed in us. For them, this is not routine, this is sacred. It calls for our deepest respect and focus. Let us take a moment of silence to honor _____, hold his/her family in our hearts, and acknowledge the extraordinary gifts that are being offered.'
- Withdrawal of Life Sustaining Therapies Details
 - Confirm time and location of withdrawal
 - Request for designated health care practitioner to articulate the plan for removal of life-sustaining therapies.
 - Clarify roles/responsibilities.
 - Timekeeper will be DRS
 - Discuss plan for disabling pacemaker, if present
- Confirm transport route to OR and participation of anyone helping to clear the way, e.g. security
- Family presence
 - Confirm whether family will be present and ensure they are informed of the quick transport out of the withdrawal location if the potential donor expires
- Identify who will support the family (FES unless otherwise designated)
- Clinical Roles & Support
 - Confirm pronouncing designated healthcare provider and RN presence from extubation through asystole or case shutdown (if potential donor does not expire within allotted time).
 - Remind designated nurse
 - To have necessary medications ready for after extubation
 - To move EKG leads to the back
 - To shave thorax and/or abdomen with clippers, if applicable
- Reminder: LifeGift staff and recovery team do not participate in palliative care
- Heparin confirmation
 - Verify order and preparation
 - Adults: 30,000 units standard (exceptions require LifeGift CMO approval).
 - Pediatrics: 500 units/kg (max 30,000 units).

Continued on next page



Huddle
Checklists

Pre-Extubation Huddle (for DCD)

Continued from previous page

- If request for Heparin is denied by hospital care team, communicate the plan discussed and approved by leadership which can include adding 30,000 units to first preservation solution bag.
- Withdrawal of Life Sustaining Therapies Post-Extubation Monitoring
 - DCS will monitor and document vital signs minute by minute from the designated location.
 - Clarify that recovery team is not to be present during withdrawal of life sustaining therapies nor during the time between withdrawal and asystole or end of allotted time.
- Pronouncement & Observation
 - Inquire about designated healthcare practitioner's plan to pronounce death
 - Request for time of death to be announced immediately
 - State that DCS will provide a form to be signed immediately after pronouncement of death and confirmation
- Explain the 5-minute observation period definition and events to be expected:
 - Time between initial asystole and confirmation of asystole. PEA is not acceptable.
 - This time begins at the withdrawal of life sustaining therapies' place and ends in the operating room
 - This time must be a minimum of 5 minutes.
 - Should the patient regain cardiac and/or respiratory activity during this 5-minute period, the observation period will be set to zero and will start over.
 - Donor is transferred to the operating room as well as prepped and draped during this time
 - Pre-Recovery time out occurs during this time frame
 - Surgical recovery team(s) may enter the operating room during the observation period but cannot touch the patient until after the death confirmation form is signed
- Documentation & Requests
 - DCS will provide a LifeGift note for the declaring designated provider to sign immediately after the end of the observation period
 - This form **MUST** be completed prior to incision.
 - Clarify that a death note dictated as soon as possible is still needed.
- Confirm need for anesthesia provider for reintubation, if applicable
- Ensure communication regarding the need for Valsalva maneuver
- Recovery Planning
 - Review organs intended for recovery
 - Confirm pathologist involvement and communication plan

Continued on next page



Huddle
Checklists

Pre-Extubation Huddle (for DCD)



Continued from previous page

- Verify attire for all parties, including family
- Clarify Medical Examiner case status and who will make the call if death occurs
- Contingency Planning
 - Confirm hospital care team has a plan if death does not occur within timeframe:
 - Continued end-of-life care
 - Logistics for patient and family support
- Family notification plans
- Does anybody have any questions or concerns?



Huddle
Checklists

Stop the Line Huddle

Occurs as needed to allow for a clear and protected opportunity for any team member to voice a safety, ethical, or process concern.

Any LifeGift team member or hospital team member may raise a concern to indicate for a Stop the Line Huddle. LifeGift will organize and lead this huddle.

LifeGift Members:

- Case AOC, Case DOC, DSS/IH-DSS, FES, FE-AOC, FE-DOC, VPOO, VP External Relations, DMS, DCS

Health Care Team Members:

- As applicable

Objective:

- To affirm that patient dignity, family wishes, and ethical standards are prioritized above all else.

Information to be Discussed:

- The concern is heard fully without interruption
- Resolution is sought collaboratively
- Facilitator: Summarize the conversation and action items



Huddle
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