***The Donor, Partner and Community Relations Committee realizes that all aspects of this manual will not apply to every eye bank. This manual is designed as a guideline for eye banks to utilize the sections that are applicable to their eye bank.***

# **Introduction**

This manual is intended to help the employees of this eye bank prepare and perform effective public relations, community relations, and community outreach programs. The manual provides basic guidelines and tips for how to create a public relations plan, perform visits to donor referral facilities, coordinate community outreach and donor awareness events, perform follow-up activities, garner positive publicity, plan special events, and much more.

# **Mission Statement**

(Insert your Eye Bank Mission statement here.)

# **What is an eye bank?**

An eye bank is a non-profit organization that obtains, medically evaluates, and distributes eye tissue donated by caring individuals for use in corneal transplantation, research, and education. U.S. eye banks provide tissue for an average of over 80,000 corneal transplants per year.

# **Eye Bank Structures**

Not all eye banks are the same! Some perform only specific functions, outlined below, while the scope of others is comprehensive. (Describe the functions your eye bank performs)

* Eye Bank Only Functions
* Tissue and Eye Bank Functions
* Recovery Centers
* Processing Centers
* Distribution Centers
* Multicenter Eye Banks

# **Position Summary/Objectives**

The coordinator is responsible for building and maintaining hospital, funeral home, hospice, coroner and medical examiner relationships as well as the marketing of the eye bank and its mission of providing the gift of sight. All responsibilities should be performed within the scope of the eye bank’s missions and values.

The coordinator is also encouraged to work in conjunction with the OPO Liaison that is assigned to the same region. This symbiotic relationship can serve as a positive reinforcement to both agencies’ mission and goals.

* **Increase Awareness of Eye Donation**

The importance of eye donation must be spread so that we can increase the knowledge about the necessity of donating eyes and thus increase the number of donors which may in turn decreasethe prevalence of blindness.

* **Build Relationships with Donation Partners**

In today’s challenging healthcare environment, it is imperative to build successful work relationships and interact with people in a positive way to achieve the eye bank’s mission statement.

* **Educate Healthcare Workers on Relevant Topics**

Providing relevant information donation and advising how to best serve donor families helps healthcare workers be more effective and efficient in their support of eye donation.

* **Provide Excellent Customer Services**

Customer service is an integral part of Hospital Services. Ensuring healthcare partners’ needs and requests are met with enthusiasm, knowledge and professionalism is key to maintaining excellent relationships.

# **Hospital Rating System**

*(Each eye bank should develop a rating system for their facility based on donor potential in their service area. This is an example borrowed from an OPO.)*

Hospitals are designated as A, B, C or D based on their potential for referring donors. Assignment of hospitals is done in such a way that each coordinator has a variety of A, B, C and D hospitals within their territory.

* A hospitals include all trauma centers as well as most of the hospitals with more than 300 beds.
* B hospitals have moderate potential for donors and generally have between 100-299 beds.
* C hospitals have little potential for donation and are usually under 100 beds.
* D hospitals have virtually no potential for donation and are usually under 100 beds.

# **Expectations/Requirements**

# **Dress Code**

It is important to maintain a professional appearance at all times. Business or business casual attire is required. As a best practice, individuals in this position are expected to be aware of hospital-specific dress codes for contractors.

**Attendance**
Attendance is critical in order to be an effective coordinator. Regular attendance is expected. Eye bank guidelines regarding absences are to be followed.

For all planned absences such as vacations, personal days, jury duty, etc., a request is to be submitted in advance through the (time management) system. In the event of an unplanned absence, please notify the Manager/Supervisor as soon as possible. Be prepared to notify the Manager with details of items that will need to be covered during this unplanned absence and contacts for the items that need to be covered.

Attendance is expected at all staff meetings and department meetings. Meetings may be attended in person or via teleconference. Coordinators should not schedule any appointments during scheduled meeting times unless it is unavoidable. In the event of a scheduling conflict, coordinators should notify the Manager/Supervisor prior to the scheduled meeting.

**Visits**
Coordinators are required to make scheduled visits to their regional facilities. Facilities include hospitals, funeral homes, hospices, coroners, and Medical Examiners offices.

Recommended guidelines for visits:

* Hospitals
	+ A hospitals; visit once every month
	+ B hospitals; visit twice every month
	+ C hospitals; visit once every other month
	+ D hospitals; visit once every six months
	+ Follow up on any issues within 24-48 hours of receiving notice, excluding weekends and holidays
* Funeral Homes
	+ Visit as needed for follow-up on recoveries
	+ Visit at least four facilities per week
	+ Follow up on any issues within 24-48 hours of receiving notice, excluding weekends and holidays
* Hospices
	+ Visit at least four facilities per week
	+ Follow up on any issues within 24-48 hours of receiving notice, excluding weekends and holidays
* Medical Examiner
	+ Visit monthly for general round
	+ Follow up on any issues within 24-48 hours of receiving notice, excluding weekends or holidays
* Coroners
	+ Visit every six months or upon request
	+ Ask coroner to make referrals on every death call for potential eye donation
	+ Attend the bi-annual associations meetings
	+ Attend all training sessions for coroners/deputy coroner to present information on eye bank and eye donation criteria and make the big ask for them to make referrals on all death calls
	+ Follow up on any issues within 24-48 hours of receiving notice, excluding weekends or holidays

**Follow-Up**
All issues should be resolved in a timely manner. Any issue reported within a coordinator’s region must receive follow-up action within 24-48 hours with the exception of weekends and holidays. Make sure that all necessary information has been obtained prior to conducting any follow-up action. Contact the appropriate party via telephone to set up a meeting, if possible. If the follow-up involves an occurrence from overnight/third shift, contact a daytime staff member or supervisor and try to obtain an email address or voicemail extension for the appropriate party so that they can also be made aware of any situation as well as the actions taken and the expected outcome. Most importantly, remember that it is the job of the coordinator to encourage all outside agencies to work with us and not create an unfriendly working environment. Also, please remember to follow up to show appreciation as well. Not all issues are bad issues.

* **Hospitals**
* A minimum of eight assigned hospitals
* Reduce Nurse approaches
* Reduce # of family declines for registered donors
* Reduce # of family refused to come to phone
* Reduce early release of the body
* How to make a successful referral call
* Provide ongoing education regarding donation topics
* Create effective two-way communication
	+ - Donation Committee
		- Identify/Build loyalty to eye donation program
* Build loyalty to eye donation program
* Performing a proper eye prep for donors
* Timely notifications – 75% of calls within 1 hour of death
* Educate on decoupling opportunities
* Follow up on issues within 24-48 hours of receiving notice excluding weekends and holidays
* Contact appropriate staff member via telephone to set up an appointment to discuss the issues
* Obtain all necessary information for follow-up prior to setting the appointment
* If an appointment is not set, visit the hospital in person and speak with the appropriate staff member
* Remember to document and report all actions and outcomes
* Don’t forget to say “Thanks” - when a staff member has gone above and beyond the call of duty, please remember to personally thank them for their help
* **Hospice**
	+ - Accounts assigned in certain geographic areas
		- Build loyalty to eye donation program
		- Educate hospice nurses on how to communicate the option of donation to a patient/family (effective bridge)
		- How to make a successful referral call
		- Working with funeral home to ensure communication of transportation and not embalming
		- Follow up on all issues within 24-48 hours of receiving notice excluding weekends and holidays
		- Contact appropriate staff member via telephone to set up an appointment to discuss the issues
		- Obtain all necessary information for follow-up prior to setting the appointment
		- If an appointment is not set, visit the hospice in person and speak with appropriate staff member
		- Remember to document and report all actions and outcomes
		- Don’t forget to say “Thanks” - when a staff member has gone above and beyond their call of duty, please remember to personally thank them for their help
* **Funeral Homes**
	+ - Accounts assigned in certain geographic areas
		- Build loyalty to eye donation program
		- Notify the eye bank of potential donors (typically usability has expired by the time the FH is involved)
		- Restoration needs – do they need the eye bank to draw vitreous
		- Embalming only after communication and donation
		- Follow up on all issues within 24-48 hours of receiving notice excluding weekends and holidays
		- Contact appropriate staff member via telephone to set up an appointment to discuss issues
		- Obtain all necessary information for follow-up prior to setting the appointment
		- If an appointment is not set, visit the funeral home in person and speak with the appropriate staff member
		- Remember to document and report all actions and outcomes
		- Don’t forget to say “Thanks”- when a staff member has gone above and beyond their call of duty, please remember to personally thank them for their help
* **Medical Examiners/Dept of Forensic Science/Coroners**
	+ - Accounts assigned in geographic areas
		- Encourage timely notification of potential eye donors
		- Gain access to records of potential donors (i.e., NOK info)
		- Build loyalty to eye donation program
		- Educate on need to work with notification from coroners as well
		- Education permission acceptability for coroners
		- Follow up on all issues within 24-48 hours of receiving notice excluding weekends or holidays
		- Contact appropriate staff member via telephone to set up an appointment to discuss the issues
		- Obtain all necessary information for follow-up prior to setting the appointment
		- If an appointment is not set, visit the MEO or Coroner in person and speak with the appropriate staff member
		- Remember to document and report all actions and outcomes
		- Don’t forget to say “Thanks” - when a staff member has gone above and beyond their call of duty, please remember to personally thank them for their help
	+ **Probate Judges**
		- Build loyalty to eye donation program
		- Communicate the importance of being a donor to driver’s license renewal clerks
* **Donor Families**
* Collect donor “stories” to promote eye donation
* Identify potential ambassadors for eye donation
	+ Speakers at events or for news media
* Provide appropriate follow-up information
	+ Correspondence guidelines
	+ Grief support
* **Recipients**
* Encourage communication with donor families
* Identify financial supporters of eye donation
* Identify potential ambassadors for eye donation
	+ Speakers at events or for news media
* Build loyalty to eye donation program
* **Surgeons**
* Accounts assigned in geographic areas
* Build brand loyalty
* Increase account distribution accounts
	+ Domestic
	+ International
* Identify financial supporters of eye donation
* Educate on eye donation, corneal transplant, and research topics
	+ EK services
	+ DMEK and DMAEK- is this needed in our service area?
	+ Potential effects of healthcare reform on US eye banks
* **Friends**
	+ - * Includes – Board of Trustees, other sight related organizations, other identified supporters of the eye bank
			* Communicate current events of eye bank and eye banking community at large
			* Build loyalty to eye donation program
			* Identify financial supporters of eye donation
			* Identify potential volunteers/Ambassadors for eye donation

**Key Metrics**

* Bi-weekly meetings with Donor Services Staff (including regions)
	+ - Review data vs. goals
		- Identify gaps/barriers
		- Strategize solutions
		- Congratulate successes
* Monthly hospital dashboard
	+ - Eligible donors
		- Approach by nurse, AOC, and eye bank
		- Consent by nurse, AOC, and eye bank
* Donor Services Coordinators
	+ - Two days per week in hospitals
		- Attend three health fairs per quarter
		- Visit four churches per month
		- Visit four specialists per month (doctors attached to assigned hospitals specializing in cardiology, oncology, neurology – may be social worker or physician assistant)
		- Visit five funeral homes per month
		- Submit 1 article per quarter to eye bank newsletter
		- Contact radio & newspaper media in assigned areas outside of metro area; implement media strategy including guest appearances on local radio shows, letters to the editor and press releases

**New Nurse Orientation**Some hospitals conduct orientation for new nurses and other hospital staff. Due to the size of the coordinator’s territory, it is very difficult to schedule a personal appearance at each facility’s scheduled orientation. It is important, however, to be available as a reserve to the OPO Hospital Development Liaison to cover orientations in their absence or presence or present during the orientation in conjunction with the OPO Liaison.

**In-Services**In-services provide an opportunity to give information to hospital staff. In-services are informal presentations to hospital or hospice staff members in a more intimate, personal setting. They allow staff members to be trained, retrained, or refreshed as to their responsibilities and obligations in the donation process. Staff members should gain additional knowledge and a better understanding of the donation process through the in-service presentation. In-services should be scheduled as often as necessary and should not last more than 10-20 minutes. During the in-service presentation, staff members should receive facts regarding the donation process, what their hospital policy states, as well as their responsibilities throughout the process. Staff members should also be afforded the opportunity to ask questions and clarify any prior misconceptions or misinterpretation of information.

**Conference Attendance**Each year, coordinators represent the eye bank and provide information at several conferences. These conferences involve funeral service professionals, hospice and palliative care providers, coroners and medical examiners. Conferences are assigned to coordinators and attendance is mandatory. Some conferences last for several days and overnight travel may be necessary depending on location. Any overnight accommodations will be arranged by the Manager. A sign-in sheet reflecting all members and/or attendees is required for reports.

**Communication**Communication is one of the most important aspects of a successful operation. Communication must be effective. Communications can be written or verbal and will include but is not limited to:

* Weekly phone conferences or Zoom meetings with Supervisor/Manager
* Educational programs and in-services with donor referral facility staff
* Internal and external communication that is clear and effective
* Participation in facility donation committees
* New Nurse Orientation presentations to hospital staff
* Donor registration drives and other community events and fairs

**Documentation**

**Weekly Schedule**It is imperative to have a weekly plan in place. Weekly calendars are to be updated using Microsoft Outlook. Calendars must be updated by 2pm each Friday for the upcoming week. It is acceptable to update calendars on a monthly basis if there is enough information to plan that far ahead. Calendars should be kept current and changes made as soon as new information regarding meetings and appointments is available.

**Weekly Summary**A weekly summary must be submitted at the end of your work week for the week. It should contain a complete list of all visits, meetings, follow-up actions, in-services, community events or any other events attended. This report should also contain the facility visited, date of visit, action performed and a contact person.

**Quarterly Reports**Quarterly reports are done for each quarter of the calendar year. For each hospital within a region, a quarterly report must be completed at the end of each quarter and submitted to the appropriate party at that facility. This information is very important for the hospital and must be reported to their accrediting authority on a regular basis. This report is usually sent to the Performance Improvement Coordinator, Compliance Officer or other designated primary donation contact such as a donation committee chair for each facility.

**Payroll**All payroll documentation must be submitted at the end of your work week every other Friday at the end of the pay period. Approved expenses that are appropriate to activities and in line with department standards must be submitted using the Business Expense spreadsheet and must include receipts. Mileage expenses must also be documented using the Auto Usage Log spreadsheet. The eye bank will reimburse meals during required overnight travel. If alcohol is purchased, it should be paid for on a separate receipt as the eye bank does not provide reimbursement for alcohol purchases.

**Facility Files**

* **Hospitals**
	+ - Marketing Plan
		- Current donation policies and procedures
		- Current hospital Professional Service Agreement
		- Current Hospital Profile
		- Quarterly Reports
		- Donation Advisory Committee Minutes
* **Funeral Homes**
	+ - Marketing Plan
		- Current Funeral Home Profile
	+ **Hospices**
* Marketing Plan
* Current donation policies and procedures
* Current hospice profile
* **iTransplant**
	+ - All facility interactions must be documented in iTransplant. This is to include routine visits, nurse orientations, scheduled and unscheduled meetings, in-services and follow up interactions.
		- Facility information must be updated in iTransplant on a quarterly basis or as you become aware of changes
		- Follow up actions assigned via iTransplant must be acknowledged and appropriate follow up notes entered into the system in a timely manner.

**Thank You Notes**Each week, the coordinator is required to send out thank you notes to facilities that have had donations to take place. These cards should be addressed to the hospital staff member that made the referral that turned into a donor. Thank you notes should also be sent to any funeral home, hospice or coroner facility that has referred or allowed a recovery to take place within their facility. These cards should be sent on a weekly basis. Thank you notes should also be sent to any person(s) that went above and beyond to assist in giving the gift of sight***.***

**Events**Any invitation to have the eye bank representation at a health fair, civic group, community event, etc., should be presented to the Manager for approval prior to accepting such an invitation.

The eye bank does recognize and participate in many events to promote donation. These events include but are not limited to:

* Eye Donation Month, observed annually in November
* National Donate Life Month, observed annually in April
* National Donor Sabbath Month, observed annually in November

Coordinators are expected to create events during these months to publicly promote donation and encourage the public to become registered donors.

Coordinators should also submit a request for a volunteer to assist at these public events on behalf of the eye bank in order to avoid taking time away from the primary job role.

**Public Community:**
The at-large public community can be reached through various communication methods including civic clubs, health fairs, and mass communication efforts such as television, radio and print. This group also includes donor families and recipients.

* Develop media campaign to launch in November for Eye Donation Month
* Provide assistance with donor family/recipient correspondence
* Provide appropriate recognition to donor families. Sponsor night at MLB game, NFL game, etc.
* Supply transplant surgeons office with donor family correspondence guidelines to give to recipients.
* Develop a social media campaign to increase awareness – include space for donor families and recipients to share their stories.
* Foster a relationship with local pastors encouraging support for eye donation.

**Supplies**All supplies necessary to carry out the functions of the coordinators are supplied by the eye bank. Replacement supplies are ordered twice a month on the 15th and 30th. Any requests for supplies must be submitted to the Manager at least one day prior to the order date.

**Developing a Marketing Plan**Developing a region is ongoing process. Marketing plans represent an approach for improving relationships and donations in each region. In order to create and execute an effective marketing plan, the coordinator must be able to identify the strengths and weaknesses of their perspective region. Marketing plans should be developed during the latter part of the year and be in place to provide direction for activities for the upcoming year.

Marketing plans should incorporate the following standards and objectives:

* Thoughtful, thorough analysis of problems and issues which limit or impede the donation process
* New processes or procedures that can increase donation or enhance the donation process
* Objectives and action steps that can be taken to minimize or correct any problems or issues
* Realistic and obtainable timeline for completion of action steps
* A method of evaluating activities, achievements, and objectives
* Quarterly review and revision
* Timely review with management

**Building Healthy and Productive Relationships**In order to be effective to build healthy, productive relationships with referral facilities and other outside agencies. Ultimately, outside agencies must be willing to work with us whether or not they are required to. Currently, donation law, Joint Commission and DNV guidelines and CMS regulations mandate that hospitals establish procedures and protocols for referring potential donors to the local organ procurement organization, a tissue bank and an eye bank. Other outside agencies such as hospice facilities, funeral homes and coroners are not bound by these regulations.

There is no legal provision that guarantees us consistent and ongoing access to a hospice, funeral home or other facility or its staff. Many of these facilities work with us out of courtesy and belief in the donation process. They are not required by law to do so. Therefore, building effective relationships based on mutual trust and respect with key contacts at all levels is fundamental for the successful development of a region.

**Key Contact Personnel**

* Administrators
	+ Administrator/CEO
		- Allows access to information and people
		- Helps set the tone for the hospital’s participation in donation
		- Is required to sign the Professional Service Agreement
		- Can help gain access to other administrators, physicians, etc.
* Director of Marketing
	+ Great source for information
	+ Can facilitate spread of information during special events
	+ Can facilitate special events opportunities
* Director of Nursing
	+ Responsible for overseeing entire nursing staff
	+ Has a direct influence on nurses’ and physicians’ attitude about donation
	+ Can be very helpful in improving hospital’s donation program and donation policies and procedures
	+ Can help gain access to physicians and administrators
* Director of Community Relations
	+ Responsible for hospital’s image in the community
	+ Can help promote donation through internal publications, exhibits, and hospital sponsored community events
	+ Can facilitate events for donation organizations
* Director of Risk Management/Quality Assurance
	+ Generally reviews all contracts and policies
	+ Responsible for compliance with internal and external regulatory controls (e.g. Joint Commission, CMS, DNV)
	+ May be influential in donation protocol
* Director of Legal Affairs
	+ Concerned with legal exposure
	+ May be influential in donation protocol
	+ Generally reviews all contracts and policies
* Medical Records Director
	+ Can allow access to patient records for review
	+ Can make arrangements to provide a copy of patient’s chart
	+ Can execute access to electronic medical records (eMRs)
* Nursing
	+ Critical Care Units (ICU, CCU, PICU, NICU)
	+ Patients from these units commonly become donors
	+ Many referrals are received from these units
* Oncology
	+ Patients from this unit commonly become donors
	+ Many referrals are received from this unit
* Emergency Department
	+ Patients from this unit commonly become donors
	+ Many referrals are received from this unit
* Nursing Education
	+ Responsible for scheduling in-services and other educational activities for nurses
	+ Usually responsible for scheduling new nurse orientation
	+ May be responsible for scheduling staff meetings
* Medical Records Technician
	+ May assist with medical records reviews
	+ May provide a copy of the patient’s chart
* Donation Advisory Committee
	+ Directly involved with donation policies and procedures
	+ Conducts regular meetings to discuss donation
	+ Attempts to resolve or improve hospital donation program
* Laboratory Personnel
	+ Provides pertinent information regarding donor’s laboratory tests and results
	+ May provide hospital’s blood sample when recovery technicians are unable to obtain a viable sample at time of recovery
	+ May also serve as a remote storage location for Optisol solution to be used by recovery technicians during recovery procedures
* Coroner/Medical Examiner
	+ Must grant clearance for donation to take place if they hold jurisdiction of the donor’s post mortem exam
	+ May be able to provide additional information necessary to complete the donation process
* Pastoral Care/Chaplain
	+ May be involved with the referral process
	+ May be directly involved with potential donor families
	+ May be involved with transplant recipients
	+ May be involved in donation advisory committee
* Social Services/Patient Representatives
	+ May be involved in the referral process
	+ May be directly involved with donor families
	+ May be involved with transplant recipients
	+ May provide additional information to assist in the donation process
* Security
	+ Allows recovery technicians entry into the hospital
	+ Allows recovery technicians access to the morgue or other restricted areas for recovery to take places
* Trauma Program Manager
	+ May be involved in the referral process
	+ Can be an active member of the donation task force and help resolve or minimize issues surrounding donation
* Performance Improvement Coordinator
	+ Collects data and assures hospital is operating according to hospital policy and guidelines
	+ Can be an active member of the donation task force and help resolve or minimize issues surrounding donation

# **Organizations**

**Eye Bank Association of America (EBAA)**
EBAA is the nationally-recognized accrediting body for eye banks. A team of professionals with extensive experience in eye banking and/or corneal transplantation conduct site inspections of eye banks at least every three years to evaluate adherence to EBAA Medical Standards and procedures. EBAA accreditation meets or exceeds most state and national regulations and encourages public confidence in eye banking.

**OPO**
Organ and tissue donors save and change the lives of transplant recipients and many donor families receive a sense of fulfillment and comfort as a result of their loved ones’ gifts. Organ recovery organizations serve as a crucial link between these individuals. On call 24 hours a day, our staff collaborates with medical professionals, other agencies, such as medical examiners, law enforcement, and the public to save lives through organ donation and transplantation.

**Donate Life America (DLA)**Donate Life America is a 501(c)3 nonprofit organization leading its national partners and Donate Life State Teams to increase the number of donated organs, eyes and tissue available to save and heal lives through transplantation while developing a culture where donation is embraced as a fundamental human responsibility.

DLA manages and promotes Donate Life℠, the national brand for the cause of donation; motivates the public to register as organ, eye and tissue donors; provides education about living donation; manages the National Donate Life Registry at RegisterMe.org; and develops and executes effective multi-media campaigns to promote donation.

Founded as the Coalition on Donation in 1992 by the donation and transplantation community, Donate Life America changed its name in 2006 in response to extensive research and the desire to align the organization with the Donate Life brand. Over the past 25 years, Donate Life America and the Donate Life Community have registered nearly 135 Million organ, eye and tissue donors in the United States – more than 54% of the adult population.

**Funeral Directors Association**
Their goal is to facilitate a basic understanding of the funeral and grief process so that families are better equipped to deal with the loss and ultimate closer of significant relationships in their lives. The association offers continuing education forums at various times throughout the year. Annual conference provides the opportunity for members to keep abreast of the rapidly changing funeral service environment through seminars led by industry renowned professions. Each year, District Meetings are held for all members.

**Coroner’s Association**
The purpose for which this organization has been formed are to Secure a closer official and personal relationship among Coroners and Deputy Coroners, to secure unity of action in matters relating to the Coroners duties, to elevate the standards of the Office of the Coroner in each county, to promote the adoption of more scientific methods for detection of crime and to promote a better understanding with the public respecting the nature of services rendered by Coroners of the State.