

Title : ORGAN and TISSUE DONATION	POLICIES & PROCEDURES	
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PURPOSE:

To outline procedures to facilitate organ, tissue, and eye donation that ensures compliance with federal, state, and regulatory agency requirements related to the identification, notification, evaluation, and request for organ/tissue donation. To provide the best possible opportunity for an informed decision regarding organ and tissue donation by each patient/family.

POLICY:

_____ endorses organ and tissue donation for transplantation or medical science/research and encourages the utilization of its resources and efforts by its employees and medical staff to ensure that LifeGift is notified in a timely manner of individuals whose death is imminent or who have died in the hospital. This policy endorses and respects the rights, values, and beliefs of the organ and tissue donor families.

1. _____ will notify LifeGift in a timely manner of all individuals who have died or whose death is imminent.
2. LifeGift will determine the medical suitability for donation of all individuals who have died at _____.
3. LifeGift will make the request for donation from family members of potential donors who have died at _____.
4. It is the policy of _____ to promote the saving of lives and to promote an improved quality of life through organ/tissue donation.
5. It is the policy of _____ to support all families during and after the death of their family member and to facilitate their gift of organ / tissue donation.

DEFINITIONS:

1. Types of donors:

- a. Donor after brain death (DBD) – Organ donation takes place from a donor who has been declared brain dead according to current standards of practice and applicable hospital policy. This donor is maintained on the ventilator until the time of organ removal.
- b. (DCD) - Organ donation takes place from a donor after irreversible cessation of circulatory and respiratory functions has been observed and documented by the attending physician according to current standards of practice and applicable hospital policy. This is a patient on ventilator support whose next of kin (or the patient themselves) have made the decision to withdraw life support independently of the decision to donate organs.
- c. Tissue Donor – Tissue donation (skin, bone, tendons, veins, eyes, heart valves) takes place from a donor after irreversible cessation of circulatory and respiratory functions according to current standards of practice and applicable hospital policy. This patient may or may not have first been an organ donor.
- d. Timely Notification:
 - i. For potential tissue donors, timely notification will be any time or within **one hour** of cardiac asystole.
 - ii. For potential organ donors, timely notification will be any time prior to, or within **one hour** of the time the patient is found to meet the criteria for *imminent death*, and prior to any measure taken to decelerate care or implement a DNR order.
 - iii. Any other patients that have not already been referred and evaluated under ii above who may meet criteria for DCD donation.
- e. Imminent Death is defined as:
 - i. A severely brain damaged/injured and/or ventilator dependent patient, with either: clinical findings consistent with a Glasgow Coma Scale of \leq , or a plan to discuss discontinuation of mechanical or pharmacologic support.
 - ii. When pronouncement of brain death is being considered.

PROCEDURE:

Notification to LifeGift

1. The hospital will notify LifeGift in a timely manner of all individuals who have died, or whose death is imminent.
2. LifeGift (713) 737 - 8111 or (800) 633 - 6562. When making a notification:
 - a. Have the patient's medical record and
 - b. The time to present patient information to LifeGift.
3. Document notification of LifeGift on the appropriate hospital form.

Evaluation of Potential Donors

1. LifeGift will determine the medical suitability for donation.
 - a. Medical suitability for DBD and DCD will be determined by means of an on-site evaluation by a LifeGift coordinator.

In the case of potential DCD donors, the health care team and LifeGift will jointly determine the likelihood of cardio-respiratory death occurring within one hour following withdrawal of life support.
 - b. Medical suitability for tissue donation will be determined by means of a telephone evaluation by a LifeGift communications center coordinator.
2. The hospital will document suitability for donation on the appropriate hospital form and retain in the medical record.

Request for Donation:

On Site Request

1. All information related to donation and provided to the family of a potential donor is the

responsibility of LifeGift. The request for donation will utilize “**effective request process**”.

Elements of effective request process:

- Timely notification of imminent deaths and early involvement of OPO
- Provision of a private setting for the family
- Open and honest physician communication with the patient/NOK about prognosis, next steps and plans for brain death evaluation to prepare for end of life decision making.
- Family is afforded time to acknowledge death or imminence of death before subject of donation is introduced.
- Early involvement of OPO staff with NOK
- Ongoing emotional support of the NOK via nursing, pastoral care and LifeGift staff

2. The request for donation will only be made in situations where the patient has been determined to be medically suitable for organ and/or tissue donation by LifeGift.
3. All requests for donation will be made by LifeGift in collaboration with hospital staff.
 - a. In the absence of a donor designation such as donor registration or donor card, the request for donation will be made of family members, or others authorized to make an anatomical gift on behalf of the decedent, in order of priority, as established by section 692A.009 of the Texas Anatomical Gift Act. In the case of a competent patient who self determines withdrawal of life support, the request for donation will be made of the patient.
 - b. Order of priority:
 - (1) An agent of the decedent at the time of death
 - (2) Spouse of the decedent
 - (3) Adult children of the decedent
 - (4) Parents of the decedent
 - (5) Adult siblings of the decedent
 - (6) Adult grandchildren of the decedent
 - (7) Grandparents of the decedent
 - (8) An adult who exhibited special care and concern for the decedent
 - (9) The persons who were acting as guardians of the person of the Decedent at the time of death
 - (10) The hospital administrator
 - (11) Any other person having the authority to dispose of the decedent’s body. The County Court may give consent in the absence of family members after a diligent search for N.O.K. has been conducted.
 - c. The request for donation may be done over the telephone.
 - d. Discretion and sensitivity to the circumstances, beliefs, and desires of the patients/

families of potential donors is paramount.

Telephone Request

- a. Telephone request in hospital.
 - i. Provide a private setting for the family with telephone access.
 - ii. Provide emotional support to family.
 - iii. Introduce LifeGift communication center coordinator by telephone to family.
 - iv. Encourage family to get all the facts from LifeGift before making a decision.

- c. Telephone request out of hospital.
 - i. Provide emotional support to family.
 - ii. Determine where and how the family can be contacted within the next one to two hours and provide contact information to LifeGift.

Documentation of Consent

On site request:

The LifeGift coordinator will document consent on the LifeGift consent form and provide a copy for the medical record and a copy to the NOK

Telephone request:

The LifeGift Communications Center Coordinator will telephonically record the consent conversation. A paper consent form will be filled out by LifeGift and forwarded to the hospital medical records department

Medical Social History Interview

1. When consent has been obtained, LifeGift will conduct a medical social history interview according to current standards and in keeping with applicable regulations. The interview may be done over the telephone.

Related Issues:

Declaration of Death

1. **DBD**-The patient will be declared dead after irreversible cessation of brain function is determined according to current standard of practice, applicable state law, and hospital policy. The physician will document in the patient's permanent medical record the date and time of death.
2. **DCD**- The patient will be declared dead after irreversible cessation of cardio-respiratory function according to current standard of practice, applicable state law, and hospital policy. The physician will document in the patient's permanent medical record the date and time of death.
3. The physician or their designee is responsible for informing the family of the death.
4. Have LifeGift coordinator present at the hospital when the MD is informing the family of brain death.

DBD Organ Donation

1. Contact LifeGift within one hour of patient meeting criteria for imminent death or when brain death is being evaluated. The LifeGift Coordinator will arrive on site to evaluate all potential DBD organ donors.
 - a. LifeGift will determine if patient meets the criteria for organ donation
 - b. LifeGift will document determination of suitability and plans for any follow up in the progress notes.
2. Requires pronouncement of brain death as well as oxygenation and perfusion of all vital organs up to the time of actual recovery.
3. The physician will document in the patient's permanent medical record the date and time of death.
 - a. The physician or their designee is responsible for informing the family of the death.
4. The LifeGift coordinator will explain the donation opportunity in detail, make the request, and obtain consent.
 - a. A copy of the LifeGift consent form will be retained in the hospital medical record. LifeGift will also document consent for donation in the progress notes.
 - b. LifeGift will provide a LifeGift Donor Family Resource Guide and a copy of the consent form to the NOK.
5. The LifeGift coordinator will assume care of the patient only after the patient has been declared dead and consent has been obtained.
6. After consent, discharge patient and re-admit to Dr. LifeGift (according to applicable procedure) in order to separate donation related charges from the bill for patient care charges.

DCD Organ Donation

1. Contact LifeGift for ventilated patients where there is a plan to discuss withdrawal of ventilator/vasopressin support with legal next of kin. If after initial telephone screening, the patient is determined to be a candidate for DCD, the LifeGift Donation Clinical Specialist will arrive on site for further evaluation. LifeGift will determine final suitability for DCD donation and together with the health care team, determine the likelihood that the patient will expire within one hour of withdrawal of life support.
2. The hospital will coordinate a conversation with LifeGift and the patient/ NOK to inform them of the opportunity for donation. (see attachment A) LifeGift is responsible for explaining the donation opportunity, the entire procedure and for obtaining consent.
 - a. A copy of the LifeGift consent form will be retained in the hospital medical record. LifeGift will also document consent for donation in the progress notes.
 - b. LifeGift will provide a LifeGift Donor Family Resource Guide and a copy of the consent form to the NOK.
3. LifeGift will act as a resource to the physician/healthcare team in planning and coordinating the donation but will assume no responsibility for care until the patient is pronounced dead by the attending physician or their designee.

Tissue Donation/Recovery

1. Contact LifeGift within one hour of cardiopulmonary death
2. Tissues include bone, skin, ligaments, tendons, fascia lata, eyes/corneas, and heart for valves.
3. If tissue donation is occurring without organ donation, oxygenation and perfusion of organs are not required.
4. In most situations the determination of medical suitability for tissue donation will be accomplished over the telephone with a LifeGift communication center coordinator.
5. When calling LifeGift have the patient chart available and time to answer necessary screening questions.
6. The LifeGift coordinator will make the request of the NOK and obtain consent.
7. LifeGift will notify the appropriate tissue and eye banks.
8. LifeGift will arrange the transportation of the body to the LifeGift facility for tissue recovery or schedule operating room time for the surgical recovery of tissues with the appropriate hospital personnel.

Recovery of Organ and Tissues

1. LifeGift coordinator or tissue/eye bank coordinator will arrange with the appropriate

hospital personnel the scheduling of operating room time for the surgical recovery of organs and/or tissues.

- a. All DBD *organ* recoveries require an operating room with support personnel including anesthesia, circulating nurse and surgical technician.
- b. All DCD organ recoveries require an operating room with support personnel to include a circulating nurse, surgical technician, and respiratory therapist. Ideally the ICU nurse caring for the patient also attends to administer comfort care and provide continuity through end-of-life.
- c. *Tissue* recoveries performed in the operating room generally do not require support personnel.

Medical Examiners

1. It is the responsibility of the hospital to report deaths to the Medical Examiner.
2. LifeGift coordinator or tissue/eye bank coordinator is responsible for obtaining release for donation from the Medical Examiner.

References

Texas Anatomical Gift Act, Texas Health and Safety Code, Chapter 692 (September 2009)

Health Care Finance Administration 42 CFR Part 482 Final Rule: Medicare and Medicaid Programs; Hospital Conditions of Participation; Identification of Potential Organ, Tissue, and Eye donors and Transplant Hospitals' Provision of Transplant Related Data.

Joint Commission for the Accreditation of Hospitals Organization (JCAHO) RI.2

Disclosure of Health Care Information, Tex. Health & Safety Code Ann. §§ 241.151-.154 (Vernon Supp. 1998)

Removal of Body Parts, Body Tissue, and Corneal Tissue, Tex. Health & Safety Code Ann. ch93 (Vernon 1992 & Supp. 1998)

Anatomical Gifts, Tex. Transp. Code Ann § 521.401 -.405 (Vernon Supp. 1998)

Determination of Death and Autopsy Reports, Tex. Health & Safety Code Ann. ch. 671 (Vernon 1992 & Supp. 1998)

Inquests upon Dead Bodies, Tex. Code Crim. Proc. Ann. ch. 49 (Vernon Supp. 1998)

