

**FEDERAL AND INDUSTRY REGULATIONS**  
*Leadership Standards and Elements of Performance*

**Joint Commission for Accreditation of Healthcare Organizations (JCAHO)**

The mission of JCAHO is to continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation and related services that support performance improvement in healthcare organizations.

Hospitals are regulated within their industry by JCAHO. They are site-surveyed annually by JCAHO, the agent for CMS. JCAHO standards are based on the CMS regulations. Hospitals found to be non-compliant on their JCAHO survey risk loss of Medicare reimbursement and possibly even closure.

The Joint Commission evaluates and accredits nearly 15,000 healthcare organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care. The Joint Commission is governed by a 29-member Board of Commissioners that includes physicians, administrators, nurses, employers, a labor representative, health plan leaders, quality experts, ethicists, a consumer advocate and educators. The Joint Commission's corporate members are the American College of Physicians, the American College of Surgeons, the American Dental Association, the American Hospital Association, and the American Medical Association. JCAHO interfaces with government agencies and with Congress, to improve the quality of health care for all Americans, and works with Congress on legislation involving the quality and safety of health care.

Facilities surveyed by JCAHO:

- General, psychiatric, children's and rehabilitation hospitals
- Critical-access hospitals
- Medical equipment services, hospice services and other home-care organizations
- Nursing homes and other long-term care facilities
- Behavioral healthcare organizations, addiction services
- Rehabilitation centers, group practices, office-based surgeries and other ambulatory care providers
- Independent or freestanding laboratories

New JCAHO standards place the responsibility for maximizing organ and tissue donation in the lap of hospital senior leadership. Effective January 1, 2007, the following reflect updated standards.

**Standard LD.3.110 [Critical Access Hospital, Hospital]**

Leaders implement policies and procedures developed with the medical staff's participation for procuring and donating organs and other tissues.

(Critical Access Hospital: corresponds to COP 485.643(a-f))

**Rationale for LD.3.110 [Critical Access Hospital, Hospital]**

Leadership's commitment to creating a culture conducive to organ donation can have significant impact on the overall success of the hospital's organ procurement efforts. The elements of performance in Standards LD.4.200 apply to all potential organ donors. This includes any individual who has been determined medically suitable for donation by the organ procurement organization (OPO). If the hospital has the necessary resources to support the recovery of organs after cardiac death, non-heartbeating donors are included in the organ procurement effort.

**Elements of Performance for LD.3.110**

1. The organization has an agreement with an appropriate OPO and follows its rules and regulations.
2. The organization's policies and procedure identify the OPO with which it is affiliated.

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3. The organization has an agreement with at least one tissue bank and at least one eye bank (as long as the process does not interfere with organ procurement) to cooperate in retrieving, processing, storing, and distributing tissues and eyes.
4. The OPO is notified of a patient who has died, or whose death is imminent, in the following ways:
  - In accordance with clinical triggers defined jointly with hospital medical staff and the designated OPO
  - Within time requirements jointly agreed to by the hospital and designated OPO (ideally within one hour)
  - Prior to the withdrawal of any life-sustaining therapies including medical or pharmacological support
5. In Department of Defense hospitals, Veterans' Affairs medical centers, and other federally administered healthcare agencies, this notification is performed according to procedures approved by the respective agency.
6. The OPO determines medical suitability for organ donation and, in the absence of alternative organization, for tissue and eye donation.
7. Procedures developed in collaboration with the designated OPO, for notifying the family of each potential donor of the option to donate or decline to donate organs, tissue and eyes.
8. Notification is made by an organ procurement representative or the organization's designated requester.
9. Written documentation by the organization's designated requester indicates that the patient or family accepts or declines the opportunity for the patient to become an organ or tissue donor.
10. Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs and desires of the families of potential donors.
11. The organization maintains records of potential donors whose names have been sent to the OPO and tissue and eye banks.
12. The organization works with the OPO and tissue and eye banks to:
  - Review death records to improve the identification of potential donors.
  - Ensure that the necessary testing and placement of potential donated organs, tissues and eyes takes place, in order to maximize the viability of donor organs for transplant and maintain potential donors while preliminary suitability is determined.
  - Educate staff about donation issues.
  - Develop a donation policy that addresses opportunities for asystolic (donation after cardiac death) recovery, based on an organ potential that is mutually agreed upon by the designated OPO, hospital and medical staff.