

Policy

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APPROVAL

SUBJECT: Organ and Tissue Donation and Procurement

APPLICATION: Nursing, Respiratory Services, Care Management, Chaplain and Medical Staff

PURPOSE: To comply with California Health and Safety Code § 7150 and § 7151, Uniform Anatomical Gift Act and HCFA 42 CFR § 482.45 regulations for reporting potential organ and tissue donors to the Organ Procurement Organization (OPO) One Legacy.

To comply with HFCA 42 CFR § 482.45; conditions of Participation for Hospitals per the presiding California Senate Bill, CHSC § 7184 and The Joint Commission requirements.

To outline steps to be considered in the evaluation and recovery of organs from patients recognized as candidates for donations after brain death (BD) and/or donation after cardiac death (CD).

POLICY: All brain deaths, imminent brain deaths, candidates for donation after cardiac death, and all deaths will be called to the OPO. The OPO staff will approach the family for donation. PIH staff members and physicians WILL NOT approach the family for donation.

Staff members may disclose patient health information to the OPO in procurement of organs or tissues for the purpose of facilitating organ, eye or tissue donation.

Discretion and sensitivity will be exercised to the circumstances, beliefs, and desires of the families of potential donors. If a request is made by the family to be present at the time of death the appropriate hospital staff will make every attempt to accomplish this request. The families will be offered the opportunity to be with their loved one after the recovery surgery.

Organ donation education, to include use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors, will be provided during initial orientation and annually.

Hospital maintains records of all potential donors and reviews all deaths for referral to the OPO for quality improvement.

PROCEDURE:

BRAIN DEATH: California law CHSC § 7181 and PIH policy 60100.304 will be followed for the determination of brain death.

1. Brain Death: (Heart continues to function, brain death being declared.)
 - 1.1. Call the OPO within one hour for all patients meeting the following clinical triggers:
 - 1.1.1. Brain death or imminent brain death
 - 1.1.2. Ventilator dependent (report to OPO before extubation);
 - 1.1.3. Loss of one or more brainstem reflexes: pupils fixed, no cough, no gag, no response to painful stimuli, no spontaneous respirations.
 - 1.2. The OPO will evaluate the medical information given by the nurse for potential organ donation suitability.
 - 1.3. If the patient is a potential donor, the OPO will do an onsite visit to further evaluate the patient's medical information to determine suitability for organ donation.
 - 1.4. The OPO will approach the family and obtain consent. OPO will obtain consent and place a copy of consent form in the PIH medical record. PIH staff will be present to offer support. In the absence of family members, individuals who can make this decision include:
 - 1.4.1. Agent of the donor who is authorized to make healthcare decisions on behalf of the donor by a power of attorney for health care who is expressly authorized to make an anatomical gift on the donor's behalf (Health and Safety Code § 7150.15).
 - 1.4.1.1. Spouse or domestic partner of decedent, adult children, parents, adult siblings, adult grandchildren, grandparents, an adult who exhibited special care and concern for the decedent during the decedent's lifetime, person(s) acting as the guardians or conservators of the decedent at the time of death (California Hospital Association Consent Manual 2010 § F).
 - 1.4.2. The donor may make an anatomical gift through a symbol indicating donation on driver's license or identification card and included on a donor data base registry.
 - 1.4.3. Surgery staff will be notified of decision to donate organs along with coordination of surgery suite.
 - 1.4.4. Social Worker and Chaplain will be notified.
 - 1.4.5. Following the consent for organ donation, the OPO will become the financial guarantor.
 - 1.5. Admitting Registration will be contacted by the clinical staff prior to discharging the inpatient visit account. Admitting will create a visit for donor services. Admitting will readmit the patient under an Observation (OBS) account per policy #85300.306: Billing for Organ Donation and Tissue Donation and Procurement.
 - 1.6. The nursing staff will call the Helpdesk to activate the OPO's account.
 - 1.7. The Helpdesk will temporarily activate the OPO's account for one day with a password reset.
 - 1.8. If the patient is a coroner's case; clearance by the coroner **MUST** be obtained prior to organ donation.
 - 1.8.1. Form **18** must be filled out by clinical staff when coroner is called.
 - 1.8.1.1. Notification of Coroner's Case Criteria can be located on page two of the Expiration Form.
 - 1.9. Expiration Form completed by RN caring for the patient prior to patient being transported to Surgery, excluding the time of death. Surgery RN will document time of death on Expiration Form.
 - 1.10. Care of the Organ Donor:
 - 1.10.1. The OPO staff will specify orders for the medical record to maintain organ viability and provide medical management.

- 1.10.1.1. These orders will be followed and entered by the nursing staff on behalf of the “One Legacy” provider with an order source of “Per Hospital Policy” on the new visit.
 - 1.10.1.2. The OPO is responsible for the care of the donor.
 - 1.10.1.3. The patient’s physician may assist the OPO with donor management until the procurement time. One to one nursing care will be provided in critical care areas.
 - 1.10.1.4. Patient’s own physician **MAY NOT** participate in the procedure for removing or transplanting of an organ or tissue.
 - 1.10.1.5. If the patient suffers from cardio-pulmonary arrest, all resuscitation measures will be taken to save organs.
 - 1.10.2. The nursing staff will enter documentation on the new visit.
2. Donation after Cardiac Death (DCD)
- 2.1.1. Cardio/respiratory cessation death: A patient who has suffered irreversible cessation of cardiac and respiratory functions.
 - 2.2. Call the OPO within one hour for all patients meeting the following clinical triggers:
 - 2.2.1. Imminent death
 - 2.2.2. Ventilator dependent (report to OPO before extubation)
 - 2.2.3. Loss of one or more brainstem reflexes: pupils fixed, no cough, no gag, no response to painful stimuli, no spontaneous respirations.
 - 2.3. The OPO will evaluate the medical information given by the nurse for potential organ donation suitability.
 - 2.4. If the patient is a potential donor, the OPO will do an onsite visit to further evaluate the patient’s medical information to determine suitability for organ donation.
 - 2.4.1. The OPO will approach the family and obtain consent. OPO will obtain consent and place a copy of consent form in the PIH medical record. PIH staff will be present to offer support. In the absence of family members, individuals who can make this decision include:
 - 2.4.1.1. Agent of the donor who is authorized to make healthcare decisions on behalf of the donor by a power of attorney for health care who is expressly authorized to make an anatomical gift on the donor’s behalf (Health and Safety Code § 7150.15).
 - 2.4.1.2. Spouse or domestic partner of decedent, adult children, parents, adult siblings, adult grandchildren, grandparents, an adult who exhibited special care and concern for the decedent during the decedent’s lifetime, person(s) acting as the guardians or conservators of the decedent at the time of death (California Hospital Association Consent Manual 2010 § F).
 - 2.4.2. The donor may make an anatomical gift through a symbol indicating donation on a driver’s license or identification card and included on a donor data base registry.
 - 2.4.3. Surgery staff will be notified of decision to donate organs along with coordination of surgery suite.
 - 2.4.4. Social Worker and Chaplain will be notified.
 - 2.4.5. Following the consent for organ donation, the OPO will become the financial guarantor.
 - 2.4.6. Admitting Registration will be contacted by the clinical staff prior to discharging the inpatient visit account. Admitting will readmit the patient under an Observation (OBS) account per policy #85300.306: Billing for Organ Donation and Tissue Donation and Procurement.
 - 2.5. The nursing staff will call the Helpdesk to activate the OPO’s account.
 - 2.5.1. The Helpdesk will temporarily activate the OPO’s account for one day with a password reset
 - 2.6. If the patient is a coroner’s case; clearance by the coroner **MUST** be obtained prior to organ donation.

- 2.6.1. Form **18** must be filled out by clinical staff when coroner is called.
 - 2.6.1.1. Notification of Coroner's Case Criteria can be located on page two of the Expiration Form.
- 2.7. Expiration Form completed by RN caring for the patient prior to patient being transported to Surgery, excluding the time of death. Surgery RN will document time of death on Expiration Form.
- 2.8. A medical room assignment will be obtained for the patient from Critical Care prior to the patient being transported to Surgery.
- 2.9. Care of the Organ Donor:
 - 2.9.1. The OPO staff will specify orders for the medical record to maintain organ viability and provide medical management.
 - 2.9.1.1. These orders will be followed and entered by the nursing staff on behalf of the "One Legacy" provider with an order source of "Per Hospital Policy" on the new visit.
 - 2.9.1.2. The nursing staff will enter documentation on the new visit.
 - 2.9.2. Medical management of the patient continues under the patient's physician.
 - 2.9.3. Comfort care of the patient and the family will be provided / ensured. Medications will be titrated carefully to ensure that patient comfort is maintained.
 - 2.9.4. The removal of life support will occur in Surgery.
 - 2.9.5. Patients will be transported to the surgery suite with a cardiac monitor accompanied by the RN from originating unit.
 - 2.9.5.1. Oxygen levels will be reduced to minimal levels provided the patient is stable.
 - 2.9.5.2. Supportive drips will be removed to minimal levels provided the patient is stable.
 - 2.9.5.3. Medication for patient comfort is maintained.
 - 2.9.5.4. Cardiac status will continue to be monitored.
 - 2.9.6. Mechanical ventilation is removed by a Respiratory Care Practitioner per policy #77200.303, by a physician, or in the case of neonates, the neonatologist.
 - 2.9.7. Cardio-pulmonary death must occur within one hour of withdrawal of life support.
 - 2.9.7.1. Cardio-pulmonary death is determined after 5 minutes of apnea and no blood pressure as measured by cuff or arterial catheter and one of the following:
 - 2.9.7.1.1. Five minutes of ventricular fibrillation.
 - 2.9.7.1.2. Five minutes of electrical asystole.
 - 2.9.7.1.3. Five minutes of pulseless electrical activity.
 - 2.9.7.2. Death will be pronounced by a Registered Nurse per policy #87200.608, a physician who is not a member of the transplant recovery team, or in the case of an NICU patient, a neonatologist.
 - 2.9.7.3. The transplant procurement coordinators and the organ recovery team must not participate in the weaning process, pronouncement of death, or any medical management of the patient until death is pronounced by a PIH physician or PIH Registered Nurse that is not a member of the organ recovery team.**
 - 2.9.7.4. Patient's own physician **MAY NOT** participate in the procedure for removing or transplanting of an organ or tissue.
 - 2.9.7.4.1. In the event that the patient does not expire within one hour of withdrawal of life support, the financial responsibility will revert back to the original guarantor at the time of admission. The clinical staff will notify Admitting so that the patient's account will change from an OBS account and cancel the original discharge.

3. Tissue (biological death, cessation of pulse).
 - 3.1. All deaths will be called to the OPO within one hour of death.
 - 3.2. The OPO will determine medical suitability for tissue donors.
 - 3.3. Nursing Administration will be notified by RN and alerted of potential donor.
 - 3.4. Body will be transported to the morgue and held until the family consent obtained or family refuses.
 - 3.5. Recovery of tissue will take place in the morgue or the hospital's surgery suite.
 - 3.6. Charges will be billed to the appropriate agency.
4. Donation of body to science
 - 4.1. Family must have made prior arrangements and have paperwork available. PIH staff will notify the pre-arranged location of preferred donation to assist with the process.
5. Routing of Medical Record and Expiration Form
 - 5.1. Medical Record, along with completed Expiration Form goes to Nursing Administration.
 - 5.1.1. Nursing Administration will make copies of the Expiration Form.
 - 5.1.1.1. Original copy will remain in the Medical Record.
 - 5.1.1.2. Second copy will remain on file in Nursing Administration
 - 5.1.1.3. Third copy will be provided to the mortuary/coroner.
6. Performance Improvement
 - 6.1. The OPO will provide monthly death reports with discrepancies to PIH.
 - 6.1.1. These records will be reviewed monthly by all members of Nursing Administration.
 - 6.1.2. Staff will be educated to any discrepancies.
 - 6.2. The OPO will provide monthly staffing updates to PIH.
 - 6.2.1. Changes to OPO staff will have System Access Forms (SAFs) submitted to the Security Administrator (sec-admin@pih.net) by Nursing Administration.
 - 6.2.2. The Security Administrator will create inactive accounts for new OPO staff with View Only access to the medical record in preparation for future onsite visits.
7. All documentation must be completed on the Expiration Form.
 - 7.1. Expiration Form MUST include the Donor Number (DN), Time of Call to the OPO, and the OPO's decision.

REFERENCE:

California Hospital Association Consent Manual (2010). The industry resource for consent and related health care law, 37th Edition.

Supersedes policy # 87200.600; revised sections 1.1.3 and 2.1.3 to meet the Organ Procurement Organization reporting requirements. Policy section 7.1 was revised to include time of call to OPO to meet policy requirements.

Organ and Tissue Donation and Procurement Workflow

	Nursing	OPO (One Legacy)	Registration	Helpdesk
1	Call OPO for all patients meeting clinical triggers.	The OPO will evaluate the medical information given by the nurse for potential organ donation suitability.		
2	Contact Admitting Registration to create a visit for donor services.		Create visit for donor services.	
3		If the patient is a potential donor, the OPO will do an onsite visit to further evaluate the patient's medical information to determine suitability for organ donation.		
4	Once approved as a donor staff with discharge patient from inpatient visit account.		Readmit patient under an OBS account per Policy #85300.306 (Billing for Order Donation and Tissue Donation and Procurement).	
5	Call Helpdesk to activate the OPOs account.			Search the OPOs account, temporarily unexpire/reactivate for 24 hours (1 day), and reset password.
6		Upon arrival to site, authenticate against Windows to change password. <i>(Reboot a computer and log in to change password--initial password change does NOT work via eMD.)</i>		
7		Specify orders for the medical record to maintain organ viability and provide medical management.		

Organ and Tissue Donation and Procurement Workflow

	Nursing	OPO (One Legacy)	Registration	Helpdesk
8	Enter orders on behalf of the "One Legacy" provider with an order source of "Per Hospital Policy" on the new visit.			
9	Enter documentation (such as vital signs) on the flowsheets of the new visit.			
10		Prior to change of shift (if any) Obtain name of next staff for account activation. Go to Step 5.		
11		Provide monthly death reports, as well as monthly staffing updates, to PIH.		
12	Review monthly reports.			
13	Educate staff to discrepancies.			
14	Submit SAFs for any changes to OPO staffing.			Create AD, ESS, and expired/inactive eMD accounts for new OPO staff with View Only access to eMD 1.