

Insert Hospital Name:

OFFICIAL PROCEDURE

TITLE: **SAMPLE Organ and Tissue Donation Policy and Procedure**
EFFECTIVE DATE:
SUPERSEDES DATE:
PROCEDURE NUMBER:
REVISION:

1.0 PURPOSE

- 1.1 To outline procedures to facilitate organ, tissue, and eye donation that ensure 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 family and to assure that first person authorization is honored.

2.0 ACRONYMS & DEFINITIONS

2.1 Types of Donors - Definitions:

2.1.1 Donation after Brain Death (DBD) – Organ donation takes place from a donor who has been declared brain dead according to current standards of practice for neurologic death and applicable hospital policy. This donor is maintained on the ventilator until the time of organ removal.

2.1.2 Donation after Cardiac Death (DCD) - Organ donation takes place from a donor after planned withdrawal of life sustaining therapies and 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 patient is on ventilator support and the authorized party (or the patient themselves) have made the decision to withdraw life support independently of the decision to donate organs.

2.1.3 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.

2.2 Types of Authorization - Definitions:

2.2.1 Document of Gift - A donor card or other record, as described in Texas Health & Safety Code § 692A.005, used to make an anatomical gift. The term includes a statement or symbol on a driver's license, identification card, donor registry and advance directive.

2.2.2 Donor Designation - An individuals' testament and record, in a state donor registry, of their decision and legal directive to donate organs

XX:

EFFECTIVE DATE:

REVISION:

and/or tissues as anatomical gifts for transplantation, therapy or research after their death.

2.2.3 First Person Authorization - The person's autonomous and legally binding testamentary directive to donate anatomic gifts for the purpose of transplantation, therapy or research via a donor registry or other instrument prior to death that cannot be revoked by any other person.

2.2.4 Third Party Authorization - Authorization by next of kin or other authorized party (in the absence of first person authorization) to donate anatomic gifts for the purpose of transplantation, therapy or research from a deceased individual.

2.3 Next of Kin (NOK) – Patient's family or extended family.

2.4 Timely Notification:

2.4.1 For potential tissue donors, timely notification will be any time **within one hour after** cardiac asystole.

2.4.2 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 discussion with family to decelerate care or withdraw life sustaining therapies.

2.4.3 Any other patients that have not already been referred and evaluated under 2.3.2 above who may meet criteria for DCD donation.

2.5 Imminent Death is defined as:

2.5.1 A severely brain damaged/injured and/or ventilator dependent patient, with either: clinical findings consistent with a Glasgow Coma Scale of ≤ 5 or a plan to discuss discontinuation of mechanical or pharmacologic support.

2.6 Reasonably Available is defined as: (see THSC 692A.002 (26))

2.6.1 "Reasonably available" means able to be contacted by a procurement organization without undue effort and willing and able to act in a timely manner consistent with existing medical criteria necessary for the making of an anatomical gift.

3.0 REFERENCED DOCUMENTS

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

XX:

EFFECTIVE DATE:

REVISION:

- 3.2 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.
- 3.3 Joint Commission for the Accreditation of Hospitals Organization (JCAHO) RI.2
- 3.4 Disclosure of Health Care Information, Tex. Health & Safety Code Ann. §§ 241.151-.154 (Vernon Supp. 1998)
- 3.5 Removal of Body Parts, Body Tissue, and Corneal Tissue, Tex. Health & Safety Code Ann. ch93 (Vernon 1992 & Supp. 1998)
- 3.6 Anatomical Gifts, Tex. Transp. Code Ann § 521.401 -.405 (Vernon Supp. 1998)
- 3.7 Determination of Death and Autopsy Reports, Tex. Health & Safety Code Ann. ch. 671 (Vernon 1992 & Supp. 1998)
- 3.8 Inquests upon Dead Bodies, Tex. Code Crim. Proc. Ann. ch. 49 (Vernon Supp. 1998)

4.0 FORMS AND ATTACHMENTS

- 4.1 NONE

5.0 GUIDELINES

- 5.1 N/A

6.0 RESPONSIBILITIES

- 6.1 LifeGift and Hospital personnel are responsible for understanding and complying with this procedure.

7.0 MATERIALS AND EQUIPMENT

- 7.1 Includes all personnel, and documentation essential to the Organ and Tissue Donation Process.

8.0 POLICY

- 8.1 **Insert Hospital Name** 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 and designated donors.

XX:

EFFECTIVE DATE:

REVISION:

- 8.1.1 **Insert Hospital Name** will notify LifeGift in a timely manner of all individuals who have died or whose death is imminent.
- 8.1.2 LifeGift will determine the medical suitability for donation of all individuals who have died at **Insert Hospital Name**
- 8.1.3 LifeGift will consult the Glenda Dawson Donate Life Texas registry or the registry of the patient's home state on each medically suitable referral. LifeGift will convey designated donor status to the hospital and legal Next of Kin (NOK) whenever a patient is located on the registry.
- 8.1.4 LifeGift will make the request for authorization for donation from the appropriate person of each potential donor who has died at **Insert Hospital Name** or inform NOK of their loved one's donor designation.
- 8.1.5 It is the policy of **Insert Hospital Name** to promote the saving of lives and to promote an improved quality of life through organ/tissue donation.
- 8.1.6 It is the policy of **Insert Hospital Name** to support all families during and after the death of their family member and to facilitate the gift of organ/tissue donation.
- 8.1.7 It is the policy of **Insert Hospital Name** to uphold donor designation (First Person Authorization) when presented with a Document of Gift.

9.0 PROCEDURE

9.1 Notification to LifeGift

- 9.1.1 The hospital will notify LifeGift in a timely manner of all individuals who have died, or whose death is imminent.
- 9.1.2 Call LifeGift at **(713) 737 - 8111 or (800) 633 - 6562**. When making a notification:
 - 9.1.2.1 Have the patient's medical record
 - 9.1.2.2 Provide adequate time to present patient information to LifeGift.
- 9.1.3 Document notification of LifeGift on the appropriate hospital form.

9.2 Evaluation of Potential Donors

- 9.2.1 LifeGift will determine the medical suitability for donation.
 - 9.2.1.1 Medical suitability for DBD and DCD will typically be

XX:

EFFECTIVE DATE:

REVISION:

determined by means of an on-site evaluation by a LifeGift coordinator.

9.2.1.2 In the case of potential DCD donors, the health care team and LifeGift will jointly determine the likelihood of cardio-respiratory death occurring within 60-90 minutes following withdrawal of life support.

9.2.1.3 Medical suitability for tissue donation will be determined by means of a telephone evaluation by a LifeGift Donor Resource Center Specialist.

9.2.2 The hospital will document suitability for donation on the appropriate hospital form and retain in the medical record.

9.3 **Evaluation and Maintenance of Potential Donors until and during LifeGift Assessment Period:**

9.3.1 The hospital shall not withdraw any measures that are necessary to maintain the medical suitability of the potential donor until LifeGift has had the opportunity to check the registry status, assess suitability for donation, and offer the opportunity for donation to the appropriate authorizing party OR inform the NOK of First Person Authorization.

DONATION AUTHORIZATION AND DOCUMENTATION

9.4 **First Person Authorization or Donor Designation**

9.4.1 The Revised Uniform Anatomical Gift Act (Texas Chapter §693) ensures that individuals have the right to donate without any other person interfering with their donor designation/decision.

9.5 **First Person Authorization:**

9.5.1 LifeGift and **Insert Hospital Name** are bound to honor the decedent's request pursuant to Texas state law.

9.5.1.1 When the patient is found to have a donor designation on the Donate Life Texas Registry/other state registry or another valid Document of Gift, there is no authorization (consent) sought from family or any other person.

9.5.1.1.1 LifeGift will provide a copy of the Document of Gift to the hospital for the patient medical record.

XX:

EFFECTIVE DATE:

REVISION:

9.5.2 LifeGift, with the cooperation of **Insert Hospital Name** will contact the Next of Kin and inform him or her of the gift.

9.5.2.1 In cases where the next of kin cannot be located prior to the timely recovery of organs and/or tissues, LifeGift and **Insert Hospital Name** will follow the wishes of the decedent with regard to donation as expressed and LifeGift will continue attempts to contact the family following donation.

9.5.2.2 LifeGift will provide a copy of the Document of Gift to the reasonably available next of kin.

9.5.3 LifeGift will notify hospital in case of NOK opposition to the First Person Authorization. A collaborative approach will be utilized in order to honor the donor designation while still caring for the grieving family.

9.6 Third Party Authorization

9.6.1 In those instances where there is no document of gift, LifeGift shall coordinate an appropriately timed request for donation with those who are legally entitled to donate. All requests for donation will be made by LifeGift in collaboration with hospital staff.

9.6.1.1 In the absence of First Person Authorization via 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.

9.6.1.2 **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

XX:

EFFECTIVE DATE:

REVISION:

- (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.

9.6.2 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 an **“effective request process”**.

9.6.2.1 **Elements of an Effective Request Process:**

9.6.2.1.1 Timely notification of imminent deaths and early involvement of LifeGift

9.6.2.1.2 Provision of a private setting for the family

9.6.2.1.3 Honest, clear physician communication with the patient/NOK about prognosis, next steps and plans for brain death evaluation and/or preparation for end of life decision making.

9.6.2.1.4 Family is afforded time to acknowledge death or imminence of death before subject of donation is introduced.

9.6.2.1.5 Early involvement of LifeGift staff with NOK

9.6.2.1.6 Ongoing emotional support of the NOK via nursing, pastoral care and LifeGift staff

9.6.3 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.

9.6.4 **Hospital Administrator Authorization**

9.6.4.1 The Hospital Administrator or their designee (e.g., Administrator

XX:

EFFECTIVE DATE:

REVISION:

on Call) may provide authorization for donation when:

9.6.4.1.1 No next of kin or other authorized individual is *reasonably available* to authorize donation

9.6.4.1.2 A reasonable effort has been made by the OPO/hospital to locate and inform authorizing parties listed in section 9.6.1.2 above.

9.6.4.1.3 A reasonable effort made to identify an unknown patient has proven unsuccessful, e.g., a search for at least 12 hours that includes a check of local police missing persons records, examination of personal effects, and the questioning of any reasonably available persons visiting the decedent before or after their death.

9.6.4.1.4 The unit manager or charge nurse will notify the house supervisor or appropriate administrator that authorization being requested by LifeGift. The House Supervisor will coordinate in a timely manner the authorization needed for donation to proceed.

DOCUMENTATION OF AUTHORIZATION

9.7 First Person Authorization documentation

9.7.1 LifeGift will provide evidence of donor authorization by the decedent (donor card, donor designation on a driver's license, advance directive, other document of gift, or by registration with a statewide organ and tissue donor registry) to hospital for inclusion in the patient's medical record.

9.8 Third Party Authorization documentation

9.8.1 LifeGift shall complete a Donation Authorization form in the event that authorization for donation is given by persons legally authorized to make donations on behalf of the patient and will provide the completed authorization form to the hospital for inclusion in the patient medical record.

9.9 Telephone Request

9.9.1 Telephone request in hospital.

9.9.1.1 Provide a private setting for the family with telephone access.

XX:

EFFECTIVE DATE:

REVISION:

- 9.9.1.2 Provide emotional support to family.
- 9.9.1.3 Connect the family with LifeGift on the phone.
- 9.9.1.4 Encourage family to get all the facts from LifeGift before making a decision.
- 9.9.2 Telephone request out of hospital.
 - 9.9.2.1 Provide emotional support to family.
 - 9.9.2.2 Determine where and how the family can be contacted within the next one to two hours and provide contact information to LifeGift.
- 9.9.3 The LifeGift Donor Resource Center Coordinator will telephonically record the authorization conversation. A paper authorization form will be filled out by LifeGift and forwarded to the hospital medical records department.

ADDITIONAL DOCUMENTATION

9.10 Medical Social History Interview

- 9.10.1 When authorization 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.

9.11 Declaration of Death

- 9.11.1 **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. In the patient's permanent medical record, a death note will be written by the physician documenting date and time of death, the method used to determine brain death (clinical exam with apnea, any ancillary testing) in the body of the progress note.
- 9.11.2 **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 body of the progress note the date and time of death for the permanent medical record.
- 9.11.3 The physician or their designee is responsible for informing the family of

the death.

9.11.4 Have LifeGift coordinator present at the hospital when the physician is informing the family of brain death.

9.12 **DBD Organ Donation**

9.12.1 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.

9.12.1.1 LifeGift will determine if patient meets the criteria for organ donation

9.12.1.2 LifeGift will document determination of suitability and plans for any follow up in the progress notes.

9.12.2 DBD requires pronouncement of brain death as well as maintenance of physiologic support (oxygenation, perfusion fluid/electrolyte balance, etc) up to the time of organ recovery.

9.12.3 The LifeGift coordinator will explain the donation opportunity in detail, make the request, and obtain authorization or document first person authorization

9.12.3.1 A copy of the LifeGift authorization form will be retained in the hospital medical record. LifeGift will provide a LifeGift Donor Family Resource Guide and a copy of the authorization form to the NOK, or in the case of donor designation, a copy of the acknowledgment form.

9.12.4 The LifeGift coordinator will assume care of the patient only after the patient has been declared dead and authorization has been obtained.

9.12.5 After authorization, discharge patient and re-admit to Dr. LifeGift (according to the applicable procedure) in order to separate donation related charges from the bill for patient care charges.

9.13 **DCD Organ Donation**

9.13.1 Contact LifeGift for ventilated patients where there is a plan to discuss withdrawal of ventilator/vasopressin support with legal NOK. 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

XX:

EFFECTIVE DATE:

REVISION:

patient will expire within 60-90 minutes of withdrawal of life support.

9.13.2 The hospital will coordinate a conversation with LifeGift and the patient/ NOK to inform them of the opportunity for donation. LifeGift is responsible for explaining the donation opportunity, the entire procedure and for obtaining authorization.

9.13.2.1 A copy of the LifeGift authorization form will be retained in the hospital medical record. LifeGift will provide a LifeGift Donor Family Resource Guide and a copy of the authorization form to the NOK.

9.13.3 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.

9.14 **Tissue Donation/Recovery**

9.14.1 Contact LifeGift **within one hour** after cardiopulmonary death

9.14.2 Tissues include bone, skin, ligaments, tendons, fascia lata, eyes/corneas, and heart for valves.

9.14.3 If tissue donation is occurring without organ donation, oxygenation and perfusion of organs are not required.

9.14.4 In most situations the determination of medical suitability for tissue donation will be accomplished over the telephone with a LifeGift Donor Resource Center Specialist.

9.14.5 When calling LifeGift have the patient's medical record available and time to answer necessary screening questions.

9.14.6 The LifeGift coordinator will make the request of the NOK and obtain authorization.

9.14.7 LifeGift will notify the appropriate tissue and eye banks.

9.14.8 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.

9.15 **Recovery of Organs and Tissues**

9.15.1 LifeGift coordinator or tissue/eye bank coordinator will arrange with the

XX:

EFFECTIVE DATE:

REVISION:

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

9.15.1.1 All DBD organ recoveries require an operating room with support personnel including anesthesia, circulating nurse and surgical technician.

9.15.1.2 All DCD organ recoveries require an operating room with support personnel to include; a circulating nurse, surgical technician, and respiratory therapist. The withdrawal of life support may take place in the ICU or the OR. This is determined on a case by case basis depending upon the needs of the family, which organs are to be recovered and the proximity of the ICU to the OR, etc. Ideally the ICU nurse caring for the patient will accompany the patient in the case of an OR withdrawal to administer comfort care and provide continuity through end-of-life.

9.15.1.3 *Tissue* recoveries performed in the operating room generally do not require support personnel.

9.16 **Medical Examiners**

9.16.1 It is the responsibility of the hospital to report deaths to the Medical Examiner.

9.16.2 A LifeGift coordinator or tissue/eye bank coordinator is responsible for obtaining release for donation from the Medical Examiner.

10.0 APPROVAL SIGNATURES

Date

Date

Date