

Tissue/Organ Donation Policy

Patient Care Policy

1. PURPOSE:

The purpose of this policy is to facilitate organ and tissue donation and to protect the privacy and interests of donors, recipients, and their family members using discretion and sensitivity appropriate to the circumstances, beliefs, and desires of family members of potential donors.

2. DEFINITIONS:

Imminent Death: the determination that a patient has severe irreversible brain injury with high risk of progressing to brain death, or the patient is being considered for brain death testing, or has another condition the provider determines will process to imminent death.

Brain Death: An individual, who has sustained irreversible cessation of all function of the entire brain, including brainstem, as determined by acceptable medical standards, is dead. There shall be independent confirmation of death by another licensed physician. The legal time of death is the second brain death declaration. The physician determining brain death shall not participate in the procedures for removing or transplanting an organ or tissue.

3. STATEMENT OF POLICY:

1. Saint Francis Memorial Hospital in compliance with Department of Health and Human Services 42 CFR Part 482-Conditions of Participation for Hospitals, California Assembly Bill 631, Section 7184, and Public Law 99509, Section 9318 identifies potential organ and tissue donors, and cooperates in the procurement of anatomical gifts.
2. All patients who are deceased or whose death is imminent will be screened for potential organ and tissue donation by the Donor Network West (DNW).
3. Any patient who may be considered for organ donation will be admitted to a critical care unit.
4. Providers and nurses are responsible to discuss information regarding patient status to family, legal next-of-kin, or designated power of attorney (DPOA), but it is the responsibility of the DNW representative to approach the legal next-of-kin or dpoa for organ/tissue donation request.

5. The determination of death by brain criteria or "brain death" is made in accordance with the California Health and Safety Code, Section 7180 et. seq.
6. Brain death determination for purposes of organ procurement will not be done in Emergency Department (ED).
7. Physicians making the determination of brain death shall **not** participate in the operative procedure for organ/tissue recovery or transplantation.
8. Medical Examiner (ME)/Coroner Cases:

The laws pertaining to notification of the ME shall be complied within all cases of reportable deaths. Regardless of anatomical donation, the ME shall be notified by hospital staff in all cases as required by law (California Health and Safety Code 10250) which fall under his jurisdiction. In the case of donation, the DNW representative is responsible to advise the ME that a request for anatomical donation has been made and authorization by the ME must be obtained before proceeding with donation. The telephone number for the ME's Office is (415) 553-1694.

9. Education regarding tissue/organ donation will be provided to staff on an annual basis and as needed based on quality data.

4. PROCEDURE:

1. Identification and Referral of Potential Organ Donors:
 - A. Any imminent deaths must be reported by federal law to their designated Organ Procurement Organization (OPO). The designated OPO for San Francisco is DNW.
 - B. Referrals to DNW must be documented on the Electronic Health Record (EHR).
 - C. HIPAA Organ Procurement Transplantation Provisions:

SFMH is required to give DNW access to patient information to comply with the Medicare Conditions of Participation, 42 FRC 482.45 which specifically authorizes referrals to DNW and record audits to be done by DNW. This includes allowing for computer access to patient information.
 - D. DNW or the designated tissue bank coordinators will evaluate the potential organ/tissue donor to determine medical suitability.
 - E. Medical and other hospital staff will refrain from discussing organ and tissue donations with the family until DNW determines medical suitability. The DNW representative is responsible to approach the legal next-of-kin or DPOA to request donation.
2. Medical Suitability of the Potential Donor:

- A. The nurse will initiate the call to DNW (1-800-55-DONOR) upon the patient meeting criteria for imminent death by law or within 1 hour of patient expiration.

DNW may be called by any healthcare team member providing care for a patient. The primary nurse caring for patient or the charge nurse will be responsible for contacting DNW for patients that have expired.

- B. DNW organ/tissue procurement representatives will evaluate potential organ and tissue donors for suitability. Potential tissue donation will be evaluated by telephone. Potential organ donation will be evaluated on-site.
- C. If, after consultation with the donor's primary service, it is determined that the case falls under the jurisdiction of the ME, the DNW Coordinator is responsible for contacting the ME's office for approval to procure the organ/tissue before approaching the family. The DNW Coordinator will document the contact and outcome in the patient's medical record.
- D. Organ/tissue donation may take place when brain death has been established, and ventilator and cardiovascular support has been maintained. Alternatively, organ may be recovered after cardiac death if certain conditions are established prior to withdrawal of medical support (Refer to Appendix A: Donation after Cardiac Death). Eligibility will be determined by the DNW Coordinator.
- F. The DNW Coordinator will assess the family's readiness to be offered the option of organ donation. The family must be given time to accept the patient's situation and understand the concept of brain death before the donation option is presented.

Discussions initiated by family members with hospital staff will be documented in the medical record.

3. Consent and Release

- A. It is the responsibility of the provider(s) to inform the family and/or significant others of the grave prognosis and imminent or actual brain death.
- B. Consent for organ/tissue donation is obtained by the DNW representative by use of the Consent for Organ and Tissue Donation form. The DNW representative will ensure a copy is included in the patient's medical record.
- C. Under California Law, any individual who is 18 years or older may make an anatomical gift. A minor between the ages of 15-18 may also make an anatomical gift only with written consent of a parent or guardian.
- D. A person may consent to an anatomical gift by registration with the Donate Life California Organ and Tissue Donor Registry.

4. Organ/Tissue Procurement Process:

- A. Once consent for organ/tissue donation is obtained, the DNW Coordinator notifies the nursing supervisor and charge RN. The nursing supervisor will notify the appropriate unit manager as well as the Director of Perioperative Services.
- B. DNW Coordinator will coordinate medical management of the donor under the supervision of the DNW Medical Director.
- For lab tests not available at the hospital, DNW will provide outside lab services.
 - The DNW Coordinator will continue to provide support and communication to the donor family throughout the donation process.
 - The DNW Coordinator will facilitate communication with all involved parties including but not limited to appropriate hospital staff, the ME, tissue bank, and transplant center personnel.
 - The DNW Coordinator will notify the OR as soon as possible after consent of the potential organ recovery.
 - The DNW Coordinator will schedule the organ recovery with the OR and continue to facilitate the donation process throughout the organ recovery in the OR.
 - The DNW Coordinator will provide needed staff, instrumentation, and supplies used during the organ or tissue recovery, if applicable.
 - The DNW Coordinator will assist with post mortem care at the end of the recovery and will ensure appropriate disposition of the body by contacting the nursing supervisor to help facilitate disposition.
 - The DNW Coordinator will assume responsibility for notifying all appropriate agencies regarding the donation, i.e., the recovery team, the funeral director, and the coroner, if appropriate.
- C. The DNW Coordinator will coordinate a collaborative approach process with the hospital staff.
- D. Hospital staff will provide supportive medical management of potential organ donors to ensure suitability of the organs for transplantation, unless this interferes with the goals of further treatment. Medical management will continue while DNW determines medical suitability.
- The hospital will provide a trained nurse to continue to provide care to the donor patient throughout the stay.
 - The hospital/providers will provide the consultations and care as necessary to ensure suitability of the organs. These may include but are not limited to bronchoscopy, echocardiograms, and chest x-rays.

- The hospital will make an OR suite available for the organ/tissue recovery process. The hospital will provide anesthesia support, whenever necessary, as well as one scrub tech/RN and one circulating tech/RN.

4. Documentation:

- A. The primary RN or charge RN documents the donor number and date/time the patient left the unit for organ procurement. The provider documents the date and time the patient was declared brain dead.
- B. All intraoperative records must be provided by DNW. The scrub tech/RN and circulating tech/RN will complete documentation per OR standard of care.
- C. All medical records are forwarded to Health Information Management for completion of death processing and certificate per internal procedures.

5. Hospital Reimbursement:

- A. When a patient is identified as a donor, the primary RN/ charge RN or nursing supervisor will notify the patient account representative in admissions to have the account code changed so that a bill for services can be generated to the appropriate organ donation service.
- B. The family or the estate of the donor will assume none of the costs of organ and tissue recovery. All DNW direct charges incurred following consent for donations shall be billed to Donor Network West, 12667 Acosta Blvd, #500, San Ramon, CA 94583.
- C. The DNW reimburses SFMH for all costs incurred for services after brain death is declared, including nursing care in the Critical Care Units and the OR.
- D. The DNW reimburses SFMH for all costs incurred for tissue recovery.
- E. The DNW coordinates, facilitates and pays for any costs incurred when an organ donor must be transferred to another facility.

Reference:

California Uniform Anatomical Gift Act, Health and Safety Code, Section 7150-7151.40 (2006)

Donate Life California (2017)

Organ and Tissue Donation Resource Manual (2011)

Responsible Position	
CNO/COO	
Sponsoring Department or Committee	Approval Date
Critical Care Committee	03/16/2017
Other Approvals	Approval Date
Medical Executive Committee	03/16/2017
Board of Trustees	04/06/2017
Past Approval Dates	
2/3, 2/95, 5/99, 3/02, 7/05, 7/08, 2/11, 3/17/2011; 4/11;05/14	