

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY & PROCEDURE**

Organ & Tissue Donation

Effective Date:	January 2004	Policy No:	AD072
Cross Referenced:		Origin:	Education
Reviewed Date:	1/08, 12/08, 8/12	Authority:	Chief Operating Officer
Revised Date:	8/12	Page:	1 of 5

PURPOSE:

To outline the steps for ensuring the routine referral of all deaths or impending brain deaths to the New Jersey Organ and Tissue Sharing Network in accordance with the New Jersey Donor Enhancement Act for the determination of medical suitability for organ tissue donation.

POLICY:

In accordance with New Jersey's Uniform Anatomical Gift Act, as amended in 1995 and Federal Medicare Regulations, Hospital Conditions of Participation for Organ Donation as of June 1998, all acute care hospitals are required to develop policies and procedures to ensure the routine referral of all deaths and impending deaths (brain death) to their regional organ procurement organization (OPO) for the determination of medical suitability for organ and tissue donation. The New Jersey Organ and Tissue Sharing Network (The Sharing Network) is the federally designated, state certified organ procurement organization for this hospital.

This policy assures that all potential organ and tissue donors are identified and families are provided the opportunity of donation in compliance with the law. This policy provides a mechanism for all acute care hospitals to document each referral in accordance with federal and state regulations and guidelines promulgated by the Center for Medicaid-Medicare Services (CMS), the New Jersey Department of Health and Senior Services and the Joint Commission.

Adherence to this policy also provides a permanent record for the purpose of quality assurance and quality improvement.

DEFINITIONS:

1. Organ Donation – Refers to solid vascular organs: kidneys, heart, liver, pancreas, lungs and small bowel. Death must be determined by neurological criteria for organs to be donated except on limited occasions when organs may be donated after cardiac arrest.
2. Tissue Donation – Refers to cartilage, bone, tendons, ligaments, soft tissue (skin, fascia, dura and heart valves and saphenous veins). Requires donor death to be determined by either brain or cardiopulmonary criteria.
3. Eye Donation – Refers to corneas and/or whole eyes. Requires donor death to be determined by either brain or cardiopulmonary criteria.
4. Brain Death – Irreversible cessation of all functions of the entire brain, including the brain stem. The criteria and procedures whereby death can be determined and certified in accordance with neurological criteria are set forth in Policy **AD45**.
5. “Imminent Death” is defined as being at the first indication of brain death, when there is absence of two (2) or more brain stem reflexes with minimal or absence of respiration and/or Glasgow coma scale of five (5) or less.
6. “Cardiac Death” is defined as the decision to withdraw life-sustaining equipment from a patient who does not meet neurological criteria for brain death but has a known non-survivable diagnosis that has resulted in ventilation dependence with no hope for recovery.

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CONTENT:

I. Making the Referral

The hospital shall notify The Sharing Network of each hospital patient whose death is imminent or who has died. In the case of imminent death the referral must be made within two hours when the GCS is ≤ 5 or has loss of **2 or more** cranial nerve reflexes. Prior to withdrawal of the ventilator and while the organs are still viable. In event of cardiac death, referral should be made as soon as possible but no later than two hours of declaration of death. The following shall be provided to The Sharing Network:

- A. Patient's name and identifier number;
- B. Patient's age;
- C. Cause of death or anticipated cause of death;
- D. Past medical history;
- E. Other pertinent medical information requested by the OPO required for evaluation of suitability; and
- F. A phone number where next of kin can be reached (not necessarily the donor's home telephone or the number on the chart).

II. Medical and Legal Suitability for Organ Donation

- A. The Sharing Network has sole responsibility to determine medical suitability for donation.
- B. The Sharing Network will collaborate with hospital staff in securing information or tests necessary to determine suitability. If the patient appears to be a potential candidate, The Sharing Network Transplant Coordinator (TC) will arrive at the hospital within ninety (90) minutes of the initial telephone screening. The Sharing Network TC shall review the medical chart and talk to clinical staff during the evaluation phase. On this initial on-site visit, the Sharing Network TC will not initiate any discussions with the family until the evaluation for suitability is complete.
- C. After on-site evaluation is completed, The Sharing Network TC shall inform the physician or designee of the evaluation results. If there is the potential to donate organ/tissue, the transplant coordinator and hospital staff will collaboratively discuss next steps for donor management, plan of care and approach for consent.
- D. The Sharing Network shall be responsible for any necessary notification to and will coordinate with the Medical Examiner for the recovery of the donor in cases where the death comes under the jurisdiction of the Medical Examiner.
- E. A note must be placed in the patient's medical record regarding the potential donor's medical suitability as determined by The Sharing Network. If the patient is determined to be an unsuitable candidate for donation, an explanatory notation shall be made part of the patient's medical record.

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III. Obtaining Consent

- A. For patients with the potential to donate organs, The Sharing Network TC in collaboration with hospital staff will decide on when, where and with whom to offer the option of donation. General guidelines for this approach include a private setting and approach only after the family understands that their loved one has died.
- B. Ideally, consent should be in written form but may be a witnessed facsimile or tape-recorded telephonic message form. The Sharing Network will provide all appropriate consent forms.
- C. If the patient has a validly executed document of gift, which may include a donor card, advance directive, living will, drivers license or identification card evidencing an anatomical gift, The Sharing Network representative who is the Designated Requestor for Hackettstown Regional Medical Center shall attempt to notify an appropriate person as described below of his or her gift. This documented gift is irrevocable and donation will proceed based upon the document alone. A discussion will ensue with those who have a thorough knowledge of the decedent's past medical and social history. If there is no document of gift available to The Sharing Network Representative in collaboration with hospital staff, shall ask persons in the following order of priority:
1. Agent
 2. Spouse or registered domestic partner
 3. Adult child
 4. Parent
 5. Adult Sibling
 6. Another adult relative, or someone who exhibits care and concern
 7. Legal guardian
 8. A person authorized or under an obligation to dispose of the body may consent to donation. NJSA 26:6-58.1 defines this category to include but not be limited to a hospital administrator, a designated health care representative, a holder of a durable medical power of attorney, or a person named in the decedent's will.
- D. The consent process is complete when either the valid document of gift has been located, an attempt has been made to locate next of kin or when the person in the highest category available consents or declines to donate and there is no known contrary indication from anyone in the same or higher category.
- E. A notation shall be made in a deceased person's medical record indicating whether consent for organ or tissue donation was granted. The notation shall include the following information:
1. Whether consent was granted or refused;
 2. The name of the person granting or refusing consent;
 3. That person's relationship to the decedent; and
 4. Documentation of telephone contact with The Sharing Network.

IV. Approaching the Family

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- A. Only individuals from The Sharing Network, which are the Designated Requestor for HRMC, may approach families for organ donation.
- B. The approach to a family must be a collaborative effort with The Sharing Network and the hospital staff. The approach may include pastoral care, nurses, physicians, or other hospital staff involved with the case as long as it is a collaborative effort with The Sharing Network's Designated Requestor.

V. Tissue/Eye Donation

- A. All expired patients will be considered by The Sharing Network for tissue/eye donation.
- B. The referral of tissue/eye donors will follow same process as found in Section I of this policy.
 - 1. While medical suitability and consent for donation are being determined, the body must be placed in the morgue with saline soaked gauze applied to the eyes. The decedent's body may not be released to the funeral home until The Sharing Network or Eye Bank gives approval to the nursing supervisor that it is okay.
 - 2. Should the deceased be suitable for eye donation alone, The Sharing Network will place the referral with the affiliated Eye Bank selected by the hospital.
 - 3. Consent for tissue/eye donation will proceed as described in Section IV of this policy.
 - 4. The recovery of tissue/eye will be accomplished in the operating room by surgical recovery specialists trained by The Sharing Network.

VI. Determination/Declaration of Brain Death

- A. See Policy **AD45**.
- B. The transplant or recovery surgeon may not be involved in the pronouncement of brain death.
- C. Legal declaration occurs when a licensed physician places a timed note in the patient's record. The attending physician is responsible for completing the death certificate.
- D. Appropriate medical care must be maintained until it is determined whether the decedent is an organ donor. As a guideline, this would include maintaining a **MAP of 60-80**, a **PaO2 of 100** and a **urinary output of 2cc/kg/hr**.

VII. Organ Donation After Cardiac Death

- A. Patients who do not fulfill brain death criteria but whose prognosis is grave and condition is terminal may be considered for donation after cardiac death has been established under the following conditions:
 - 1. Suitability for donation as determined by The Sharing Network.

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2. The family or patient via an advanced directive has decided to withdraw life support.
3. Consent is obtained for a Do Not Resuscitate order and donation.
4. A physician not affiliated with the transplant or organ recovery will be present when life support is withdrawn to pronounce the death.

- B. Please see the Administrative Policy **AD27** for Organ Donation after Cardiac Death.
- C. When the conditions above are satisfied, the family, HRMC and The Sharing Network will agree to time and place for the respirator to be terminated (OR preferred, acute care setting acceptable).
- D. Specific procedures will be established with the OR staff, ICU staff and The Sharing Network prior to discontinuing life support to coordinate the time and a place.

VIII. Reimbursement for Organ/Tissue Recovery

- A. Reimbursement to the hospital shall be in accordance with the affiliation agreement between the hospital and The Sharing Network.
- B. The family will not receive a bill for any expenses related to the recovery of organs.

IX. Quality Improvement

- A. A quarterly review of all death records will be conducted to ensure the timely notification of all hospital deaths. A random number of charts will be reviewed for documentation of the referrals to The Sharing Network. These reviews will be the basis for quality assurance and improvement. The results of these reviews will be kept in a hospital binder and shared with the Chief Executive Officer, Chief Nurse Executive and Risk Management or Quality Improvement.
- B. The designated hospital committee or Director of Critical Care will review all brain death declarations/cardiac deaths and organ/tissue donor requests with The Sharing Network for adherence to this policy.
- C. The Sharing Network will provide to the hospital a quarterly report. The report will include all patients referred to The Sharing Network with outcomes.
- D. All reports, policies and correspondence will be kept in the binder provided to the hospital by The Sharing Network. An identical copy of this notebook is kept at The Sharing Network office as well. This binder will serve as documentation of CMS compliance.

REFERENCES:

- Donor Enhancement Act of 1995 and the Uniform Anatomical Gift Act, P.L. 1969 NJSA 26:6-ET SEQ.
- Conditions of Participation for Organ/Tissue and Eye Procurement 42 CFR 482.45.
- JCAHO Accreditation Manual for Hospitals 1998, RI2 – Patient Rights and Organization Ethics.
- New Jersey Department of Health Licensing Standards, NJAC 8:34G-5.