I. **PURPOSE**

To outline procedures to facilitate organ, tissue, and eye donation that ensures 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 patient/family.

II. **POLICY**

OakBend Medical Center 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.

A. OakBend Medical Center will notify LifeGift Organ Donation Center in a timely manner of all individuals who have died or whose death is imminent.

B. LifeGift Organ Donation Center will determine the medical suitability for donation of all individuals who have died at OakBend Medical Center.

C. LifeGift Organ Donation Center will make the request for donation from family members of potential donors who have died at OakBend Medical Center.

D. It is the policy of OakBend Medical Center to promote the saving of lives and to promote an improved quality of life through organ/tissue donation.

E. It is the policy of OakBend Medical Center to support all families during and after the death of their family member and to facilitate their gift of organ/tissue donation.

F. There will be written documentation in the patient’s medical record to show that the family (or patient) accepts or declines the opportunity for the patient to become an organ or tissue donor.

III. **DEFINITIONS**

A. Types of donors:

1. Donor after brain death (**DBD**) – Organ donation takes place from a donor who has been declared brain dead according to current standards of practice and applicable hospital policy. This donor is maintained on the ventilator until the time of organ removal.
2. Donor after cardiac death (DCD) – Organ donation takes place from a donor after irreversible cessation of circulatory and respiratory functions according to current standards of practice and applicable hospital policy. This is a patient on ventilatory support whose next of kin (or the patient him/herself) have made the decision to withdraw life support independently of the decision to donate organs.

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.

III. PROCEDURE

Notification to Administrative Supervisor:

A. The Administrative Supervisor is notified of the patient death or patient whose death is imminent and assists staff in contacting LifeGift Organ Procurement Organization (OPO).

Notification to LifeGift

A. The hospital will notify LifeGift in a timely manner of all individuals who have died, or whose death is imminent.

1. LifeGift (713) 737-8111 or (800) 633-6562.

2. Timely Notification:
   
a. For potential tissue donors, timely notification will be any time prior to or within one hour of cardiac asystole.

b. 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 measure taken to decelerate care or implement a DNR order.

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

3. Imminent Death describes:
   
a. A severely brain damaged/injured, ventilator dependent patient, with either clinical findings consistent with a Glasgow Coma Scale of ≤4, or a plan to discontinue mechanical or pharmacological support.

b. When pronouncement of brain death is being considered.

B. When making a notification:

1. Have the patient’s medical record and
2. The time to present patient information to LifeGift.

C. Document notification of LifeGift on the appropriate hospital form.

**Evaluation of Potential Donors**

A. LifeGift will determine the medical suitability for donation.

1. Medical suitability for DBD and DCD will be determined by means of an on-site evaluation by a LifeGift coordinator. In the case of potential DCD donors, the health care team and LifeGift will jointly determine the likelihood of cardio-respiratory death occurring within one hour following withdrawal of life support.

2. Medical suitability for tissue donation will be determined by means of a telephone evaluation by a LifeGift communications center coordinator.

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

**Request for Donation:**

**On Site Request**

A. 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 "effective request process."

Elements of effective request process:

- Timely notification of imminent deaths and early involvement of OPO
- Provision of a private setting for the family
- Open and honest physician communication with the patient/NOK (next of kin) about prognosis, next steps and plans for brain death evaluation to prepare for end of life decision making
- Family is afforded time to acknowledge death or imminence of death before subject of donation is introduced
- Early involvement of OPO staff with NOK
- Ongoing emotional support of the NOK via nursing, pastoral care and LifeGift staff

B. 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.

C. All requests for donation will be made by LifeGift in collaboration with hospital staff.

1. The request for donation will be made of family members, in order of priority, as established by Texas law. In the case of a competent patient who self determines withdrawal of life support, the request for donation will be made of the patient.
2. Order of priority of reasonably available family members:
   
   a. an agent of the decedent at the time of death
   b. spouse of the decedent
   c. adult children of the decedent
   d. parent of the decedent
   e. adult siblings of the decedent
   f. adult grandchildren of the decedent
   g. grandparents of the decedent
   h. an adult who exhibited special care and concern for the decedent
   i. the persons who were acting as guardians of the decedent at the time of death
   j. the Hospital Administrator:
      1. The Hospital Administrator or their designee may provide authorization for donation when:
         • No next of kin or other authorized individual is reasonably available to authorize donation
         • A reasonable effort has been made by the OPO/hospital to locate and inform authorizing parties listed a-h above.
         • 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.
         • The unit manager or charge nurse will notify the house supervisor or appropriate administrator that authorization is being requested by LifeGift. The House Supervisor will coordinate in a timely manner the authorization needed for donation to proceed.
   k. any other person having the authority to dispose of the decedent’s body

   The medical Examiner may give consent in the absence of family members after a diligent search for NOK has been conducted.

3. The request for donation may be done over the telephone.

4. Discretion and sensitivity to the circumstances, beliefs, and desires of the patients/families of potential donors is paramount.

**Telephone Request**

1. Telephone request in hospital.
   
   a. Provide a private setting for the family with telephone access.
   b. Provide emotional support to family.
   c. Introduce LifeGift communication center coordinator by telephone to family.

2. Telephone request out of hospital.
a. Provide emotional support to family.
b. Determine where and how the family can be contacted within the next one to two hours and provide contact information to LifeGift.

Documentation of Consent

First Person Authorization or Donor Designation

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.

First Person Authorization:

1. LifeGift and OakBend Medical Center are bound to honor the decedent’s request pursuant to Texas state law.

a. 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.

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

2. LifeGift, with the cooperation of OakBend Medical Center will contact the Next of Kin and inform him or her of the gift.

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

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

3. LifeGift will notify hospital in case of next of kin 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.

On site request:

The LifeGift coordinator will document consent on the LifeGift consent form and provide a copy for the medical record and a copy for the NOK.

Telephone request:

The LifeGift Communications Center Coordinator will record the consent conversation. A paper consent form will be filled out by LifeGift and forwarded to the hospital medical records department.
Medical Social History Interview

A. When consent 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.

Related Issues:

Declaration of Death

A. DBD – The patient will be declared dead after irreversible cessation of brain function according to current standard of practice, applicable state law and hospital policy. The physician will document in the patient’s permanent medical record the date and time of death.

B. 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 patient’s permanent medical record the date and time of death.

C. The physician or physician’s designee is responsible for informing the family of the death.

D. The LifeGift coordinator should already be present at the hospital when the physician is informing the family of brain death.

DBD Organ Donation

A. 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.

1. LifeGift will determine if patient meets the criteria for organ donation.

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

B. Requires pronouncement of brain death as well as oxygenation and perfusion of all vital organs up to the time of actual recovery.

C. The physician will document in the patient’s permanent medical record the date and time of death.

1. The physician or physician’s designee is responsible for informing the family of the death.

D. The LifeGift coordinator will explain the donation opportunity, make the request and obtain consent.
1. A copy of the LifeGift consent form will be retained in the hospital medical record. LifeGift will also document consent for donation in the progress notes.

2. LifeGift will provide a LifeGift Donor Family Resource Guide and a copy of the consent form to the NOK.

E. The LifeGift coordinator will assume care of the patient only after the patient has been declared dead and/or consent has been obtained.

**DCD Organ Donation**

A. Contact LifeGift for ventilated patients with a DNR order and/or the decision to withdraw ventilator/vasopressor support. 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 revaluation. LifeGift will determine final suitability for DCD donation and together with the health care team, determine the likelihood that the patient will expire within one hour of withdrawal of life support.

B. The hospital will coordinate a conversation with LifeGift and the patient/NOK to inform them of the opportunity for donation (see attachment A). LifeGift is responsible for explaining the donation opportunity, the entire procedure and for obtaining consent.

1. A copy of the LifeGift consent form will be retained in the hospital medical record. LifeGift will also document consent for donation in the progress notes.

2. LifeGift will provide a LifeGift Donor Family Resource Guide and a copy of the consent form to the NOK.

C. 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 physician’s designee.

**Tissue Donation/Recovery**

A. Contact LifeGift within one hour of cardiopulmonary death.

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

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

D. In most situations, the determination of medical suitability for tissue donation will be accomplished over the telephone with a LifeGift communication center coordinator.

E. When calling LifeGift, have the patient chart available and time to answer necessary screening questions.

F. The LifeGift coordinator will make the request of the NOK and obtain consent.
G. LifeGift will notify the appropriate tissue and eye banks.

H. LifeGift will arrange the scheduling of operating room time for the surgical recovery of tissues with the appropriate hospital personnel. Tissue recoveries performed in the operating room do not require hospital support personnel.

**Tissue Donation Preparation**

A. Eye donors – lubricate eyes with sterile normal saline and Neosporin drops; do not use any kind of ointments in the eyes. Close lids; vertical taping may be used to ensure closure.

B. No other tissues require donor preparation, but refrigeration of the body as soon as possible after death helps to preserve tissues for transplantation.

**Recovery of Organ and Tissues**

A. LifeGift coordinator of tissue/eye bank coordinator will arrange with the appropriate hospital personnel the scheduling of operating room time for the surgical recovery of organs and/or tissues.

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

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

**Medical Examiners**

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

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

**References**

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.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) RI.2.


