

**The Miriam Hospital
Administrative Manual**

Subject:

Tissue/Organ Donation
Protocol

**File Under: Medical Staff
MS-08 and A-19**

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Administration

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Page 1 of 6

Approved By:

(Director)

(Executive)

PURPOSE:

To establish a coordinated program between The Miriam Hospital and the New England Organ Bank, Inc., for the donation of anatomical gifts in accordance with the Rhode Island Anatomical Gift Act (Section 23-18.5-2.1), Social Security Act (Section 1138A) and 42 CFR 482.12 (C) (5), and Health Care Financing Administration Regulations 42 CFR (Code of Federal Regulations) 482.45 to:

- Inform the New England Organ Bank of **all deaths**
- Ensure that only New England Organ Bank staff (**or hospital staff trained by NEOB**) offer donation to every potential donor family A signed donor card or previously expressed wish does not preclude or guarantee organ or tissue donation.
- Facilitate the review of death records by the New England Organ Bank, ensuring adherence to donation protocol and hospital compliance to the following policies and procedures

OBJECTIVES:

To establish policies/protocols designed to provide for optimal management of donors and organs. To identify and define responsibilities of all parties involved in the donation process.

CRITERIA FOR SELECTION OF POTENTIAL DONOR:

All deaths and imminent deaths at The Miriam Hospital are considered for tissue/organ donation. The criteria for selection of a potential tissue/organ donor are constantly changing. Consult the Tissue/Organ Procurement Manual-Appendix C for the Tissue/Organ Donation Criteria.

Consultation with the New England Organ Bank is mandatory for all deaths and impending deaths at The Miriam Hospital.

Impending Brain Death: (potential organ donors)

A timely referral will be made when a patient has a severe neurologic injury and is ventilator dependent. Referral must be made prior to withdrawal of mechanical support.

Asystolic Deaths: (potential tissue donors)

Once the family has been informed of the death, the New England Organ Bank will be contacted.

New England Organ Bank
24 Hour Number
1-800-446-NEOB

The medical records of patients who expire at TMH must contain documentation that the next of kin were given the option to donate tissue/organs and that the OPO was notified. Only staff members who have completed a training program to ensure discretion and sensitivity with respect to circumstances, views and beliefs of the family are involved in approaching the next of kin regarding organ donation. **For this reason, all donation requests will be conducted in conjunction with a NEOB Coordinator.**

Establishing brain death is a prerequisite to organ donation (heart, liver, pancreas, heart-lung, kidney, lung). Cardiorespiratory death is a prerequisite to tissue donation (eyes, bone, skin, heart valves). Refer to Tissue/Organ Procurement Manual and Administrative Manual for Policy and Procedures for Diagnosis of Brain Death at The Miriam Hospital (AD - 24). Refer to Tissue/Organ Procurement Manual-Appendix A for Apnea Test Procedure and Appendix C for New England Organ Bank Donor Management Guidelines and Standing Orders.

In keeping with Section 1138(A) of the Social Security Act and 42 CFR 482.12(C) (5), hospitals participating in the Medicare and Medicaid programs are required to establish protocols to identify potential organ donors. These protocols require that the hospital:

1. Assure that the families of potential donors are made aware of their options to either donate or decline to donate organs or tissues;
2. Encourage discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of potential donors; and
3. Notify a designated Organ Procurement Organization (as designated by the Department of Health and Human Services' Health Care Financing Administration) of potential organ donors.

AUTHORIZATION AND INITIATION OF DONOR PROCESS:

The Uniform Anatomical Gift Act (RI Law 23-18-54) permits anyone of sound mind, 18 years or older, to indicate willingness to become an organ donor at the time of death. Although the donor may have consented prior to death, New England Organ Bank and The Miriam Hospital will not procure organs or tissue without permission of next of kin. Only specially trained physicians, specially trained nurses or a New England Organ Bank coordinator will notify family members of their organ/tissue donation options. This will be done with discretion and sensitivity with respect to circumstances, views and beliefs of families of potential donors. See Tissue/Organ Procurement Manual-Suggestion for Approach to Request and Religious Views on Organ Donation and Transplantation.

A reasonable search must be made to identify the intent of the donor. Outside the hospital a law enforcement officer, fire fighter, paramedic or other emergency rescuer finding an individual dead or near dead can initiate a search to determine donor status. Within a hospital it can be determined upon admission or near the time of death the intent of the donor.

If a document of gift (donor card) or refusal to be an anatomical donor is located and the potential donee is taken to the hospital, the hospital must be notified of the contents and the documents must be sent to the hospital.

To be in compliance with Rhode Island General Laws, Section 23-18.5-5-2.1, The Miriam Hospital has established the following set of responsibilities.

1. Physician responsible for the care of the potential donor will:
 - * Notify the Medical Examiner's office in all instances when a donation is to take place. (Nights 274-1333, Weekends 274-2948).
 - * Assure that the New England Organ Bank (24 hour number: 1-800-446-NEOB) has been notified. In accordance with HCFA and AMA regulations, a trained donation coordinator from NEOB will request consent to donate.
 - * Collaborate with members of New England Organ Bank when donations are to take place.
 - * Discuss with the next of kin/surrogate the patient's prognosis, (impending death or death). Emphasize discretion and sensitivity with respect to the circumstances, views and beliefs of the family of the potential donor. Consent must be given by an individual 18 years or older.

Sequence of next of kin:

- * Surrogate Decision Maker
- * Spouse
- * adult child (one child and no actual notice that other children oppose)
- * parent
- * sibling
- * grandparent
- * legal guardian

- * Document the above in a note in the medical record prior to discharge.

2. The registered nurse will:

- * Notify OPO of all deaths and impending neurological deaths.
- * Collaborate with the physician and family in assisting and supporting activities relative to tissue/organ donation. See Tissue/Organ Procurement Manual for Suggestion for Approach to Request and Religious Views on Organ Donation and Transplantation.
- * Collaborate with representatives of the NEOB when donations are to take place.
- * Ensure proper documentation in the medical record regarding compliance with the policy on Tissue/Organ donation:
 - Anatomical Gift of Next of Kin for Transplantation or Storage form completed (sample attached).
 - Tissue/Organ Donor Request Form completed.
 - Neurological or neurosurgical determination and the pronouncement of death documented in medical progress note.
 - Time of death documented in progress note.
 - Death certificate signed and in medical record unless otherwise specified.
 - Notification and approval of Medical Examiner in progress note.
- * Follow all other policies and procedures involved in cases of death at The Miriam Hospital.

3. Unit Secretarial personnel will:

- * Obtain Death Packet..
- * Follow policies and procedures involved in cases of death at The Miriam Hospital.
- * Review for completion of documents and assure documents are placed in the medical record.

4. New England Organ Bank Coordinator will:

- * Review donor's medical record for all appropriate data inclusive of:
 - Tissue/Organ Donor Request Form and Anatomical Gift of Next of Kin for Transplantation or Storage Form.
 - Donor criteria suitability.
 - Determination of brain death in medical record.
 - Pronouncement of death in medical record.
 - Approval from medical examiner for donation to take place.
- * Be available to request donation and obtain consent from family.
- * Serve a liaison between New England Organ Bank and The Miriam Hospital.
- * Serve as a consultant in maintaining donor during the pre-operative phase as requested by attending physician or his designated representative.
- * Assume responsibility for coordinating intra-operative phase of procurement.
- * Assume responsibility for coordinating organ preservation transportation, etc.
- * Arrange for physician team from procurement center and coordinate efforts of the teams during surgical procedure as required.
- * Assume responsibility for discontinuance of supportive measures to donor upon organ removal.
- * Ensure that an operative note is dictated for procurement team members including: surgical method, solutions, specimens taken for tissue typing, special equipment, etc.
- * Assist in ensuring appropriate billing of cost incurred in organ donation process..

- * Provide education to all hospital and physician staff that might participate in tissue/organ donation process. Family Dynamics of Organ Donation.
- * Preoperatively provided full names, hospital titles of all operating team members.
- * Follow up with hospital personnel and donor family regarding disposition of organs and tissue.
- * Complete the Tissue/Organ Donor Request Form (sample attached).
- * Document the above in a progress note in the medical record prior to discharge.

BILLING PROCEDURES:

1. Operating room charge slips are to be sent to the Cash Control Supervisor in the Accounting Office.
2. NEOB Donation Coordinator will serve a liaison with accounting to ensure crediting costs.