HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: ORGAN AND TISSUE DONATION **Effective Date: 3/06**
Policy Number: 127 **Med Staff:**
Regulation: CAH Tag 344 **Admin:**
[CITE: 42CFR485.643]

I. POLICY

To participate in the recovery of organs and tissues for transplantation and to make available to families and the deceased patient the "option" of donating organs and tissues. The retrieval process will be implemented according to the philosophy of the hospital and established procedures recommended by MID-AMERICA TRANSPLANT SERVICES.

II. DEFINITIONS

MTS = Mid-America Transplant Services
Designated requestor = Hospital personnel that are trained by MTS to approach family of potential organ donors to secure informed consent.

III. RESPONSIBILITY

Physicians, Nurses, and Social Services (when available)

IV. EQUIPMENT

V. PROCEDURES

INFECTION CONTROL: N/A

BRAIN DEATH

1. An ideal donor is a previously healthy individual who has suffered irreversible brain damage resulting in complete cessation of all brain function characterized by:
   a) Deep coma of known origin
   b) No spontaneous movement
   c) No response to deep pain
   d) No cranial nerve reflexes
   e) No spontaneous respirations
   f) Exclusion of all reversible causes known to mimic brain non-function
2. The pronouncement of death on the basis of irreversible cessation of total brain function is the responsibility of the attending physician and is consistent with the laws of Illinois.
3. Most often a suitable donor suffers from:
   a) Acute head injuries

b) Intra-cranial or subarachnoid hemorrhage

c) Primary brain tumor (no metastasis)

d) Drug overdose (excluding chronic abusers)

e) Smoke inhalation

f) Anoxia

EVALUATION OF ORGAN AND TISSUE DONATION

To comply with the Department of Health and Human Services, and the Health Care Financing Administration, all patient deaths will be reported to MTS for the evaluation of organ and tissue donation. MTS will determine suitability of donation. Hospital staff, physicians, etc. cannot rule out patients as suitable donors. This assures that families are provided current information, the opportunity and the option of donation.

I. VITAL ORGAN DONOR (Maintained on a ventilator with organ perfusion)

1. When a patient is on a ventilator, and may meet the criteria for brain death, MTS is to be alerted.
2. A MTS Coordinator will come to the hospital and evaluate the patient for solid organ donation.
3. If patient is suitable, and meets the criteria for brain death, the coordinator will offer the option of donation to the family.
4. The determination of death of a potential organ donor as with any patient, LEGALLY REMAINS THE CLINICAL JUDGMENT OF THE ATTENDING PHYSICIAN.
5. Donor organs/tissues may be removed only after the patient has been pronounced dead by the physician attending the patient at the time of death.
6. Pronouncement of death and the date and time of death should be recorded in the patient's medical record by the physician pronouncing death.
7. The law prohibits the physician pronouncing or certifying death of an organ donor, or any of his/her partners or associates, from participation in the removal or transplantation of organs from that donor.
8. After pronouncement of death the ventilator and all other supportive measures are continued to allow optimum perfusion of the organs until the donor surgery is completed, at which time they are discontinued.
9. The physician will inform the family of brain death and the option for organ donation with subsequent documentation in the medical record.
10. A referral of a potential donor does not constitute a commitment on the part of the referring physician, hospital, or the donor family.

II. NON-HEART BEATING/CARDIAC DEATHS

Notify MTS of all deaths, regardless of age.
Do not approach the family until consultation with the MTS Coordinator.

If the patient is over 75 years of age, family need not be approached, but you must call MTS to report the death. Inform them you are making a routine inquiry.
MTS will determine medical suitability of the patient for donation.
Provide the following information when calling:

Name of hospital calling

Name of person to call back and telephone #

Name of patient

Age

Time of death

Admitting diagnosis

Cause of Death

Significant medical history (i.e., HIV, Cancer, Sepsis, DM, Hepatitis, etc.)

III. OBTAINING CONSENT FOR ORGAN DONATION

1. According to the uniform Anatomical Gift Act, any person, prior to his death, has the legal right to donate all or part of his/her body after death for medical research, education, or therapy. However, in practice, consent is always asked from the next-of-kin, so as to avoid any conflict that might arise should the next-of-kin disagree with the decision to use the deceased's organs for transplantation. A consent form must be signed and witnessed.
2. AS OF January 1, 2006 a person 18 years old and over may enroll in the Illinois First-Person Consent Organ/Tissue Donor Registry to give full consent to donate organs and tissue at the time of their death. Additional witnesses, signatures or family consent is not required to carry out donation. Illinois OPOs will access the registry to determine whether the patient declared his intent to donate.
3. When the patient is found to be a suitable donor, a designated requestor is notified to offer option of donation to family and/or explain the donation process if patient is found to have First-Person Consent and provide additional support as needed.
4. If designated requestor is not available on site the MTS Coordinator will speak with the family over the telephone.
5. Consent may be obtained from (in order of priority):
    a) The spouse
    b) Adult son or daughter (age 18 and >)
    c) Either parent
    d) Adult brother or sister (age 18 and >)
    e) Legal Guardian
    f) Other Person Authorized by Law

CORONER'S CONSENT

1. Permission of the coroner must be obtained to remove the donor organs when the cause of death is:

a) Accidental

b) Homicide or suicide

c) Whenever the cause of death is unknown or questionable

2. In most circumstances, potential organ donation cases involve "reportable" deaths. Clearance from the coroner should be obtained by the nursing staff. In all cases, it is the responsibility of the MTS transplant coordinator to verify that clearance has been obtained.

3. The coroner's consent should be obtained after pronouncement of death, and after obtaining family consent.

OPERATIVE GUIDELINES

1. Technical support personnel on a 24 hour, seven day a week basis, including MTS coordinators, will travel to the hospital and provide all necessary supplies and services to facilitate organ donation.

2. MTS will also assume responsibility for transport of the donor and distribution of the organs or tissues to appropriate locations including retrieval facilities and transplant centers.

3. The family will be strongly encouraged to allow the deceased to be transported to the appropriate MTS facility for retrieval procedures.

4. If retrieval is to be performed at this hospital, MTS will provide qualified, trained Coordinators for the retrieval procedure, and provide qualified, trained and licensed physicians, fulfilling criteria to have privileges in their primary institutions of affiliation, to perform the organ retrieval surgery.

5. A room is made available to the team by the nursing staff involved for the retrieval of organs/tissues.

6. At the end of the organ recovery, the nursing staff will remove catheters and drainage tubes before releasing the body to the mortician of the family's choice.

PROCEDURES FOR RECOVERY OF ORGANS AND TISSUES

The hospital will follow all procedures specified by MTS. Retrieval will be performed at the hospital only upon MTS's request. After the consent is signed for organ/tissue retrieval, MTS will need to inform our staff of the needed tests or procedures that are required by them to facilitate retrieval.

FINANCIAL REIMBURSEMENT

1. Reimbursement for any expenses, services or tests will be provided as follows:

2. The services have been requested by MTS prior to the charge being incurred and must be related specifically to donor evaluation, maintenance or, where appropriate, surgical recovery, which would not otherwise have been incurred.

3. These charges may be:

a) Tests and procedures requested by the coordinator for evaluation of organ function for donation purposes.

b) ICU care for that period of time after death has been declared and the donor has been

maintained solely for organ donation.

c) Medications and treatment requested to maintain organ function for donation purposes.

d) Consultations requested specifically by the transplant team for organ donation purposes.

e) All other charges incurred after brain death has been declares.

f) Operating room charges for donor surgery, where appropriate.

g) Anesthesia charges for organ recovery, where appropriate.

h) Reimbursement will be provided for services requested by MTS regardless of whether recovered organs or tissue are used for transplantation.

i) The hospital will not charge, bill or seek reimbursement from families for any charges relating to the donation.

VI. DOCUMENTATION

1. All requests of donation are documented on the approved Request For Anatomical Gifts form and placed on the patient medical record.
2. MTS will document the procurement procedure on their form and a copy is placed on the patient medical record.
3. The Death Report form is used to document all other death information required and placed on the patient medical record.