HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"	Department: Quality Through Compliance	Policy No.: **PAT 0002**
		Revision No.: N/A
Policies and Procedures	Issued by: Corporate Compliance Committee	Effective Date: April 12, 2001
Subject: ***Anatomical Donation Policy***	Approved by: HHSC Board of Directors By: Carolyn Nii Its: Secretary/Treasurer	Supersedes Policy: N/A
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I. POLICY STATEMENT:

In accordance with the Health Care Financing Administration (HCFA) Conditions of Medicare and Medicaid Participation of Hospitals and Hawaii Act 88, all acute care hospitals are required to develop policies and procedures to ensure the routine referral of all patient deaths to the regional organ procurement organization (OPO) for the determination of suitability for organ and tissue donation. Organ Donor Center of Hawaii (ODCH) is the federally designated organ procurement organization (OPO) for the State of Hawaii.

This policy assures that all potential organ and tissue donors are identified. It is the policy of Hawaii Health Systems Corporation (HHSC) that all potential donor families are offered the option of donation in conformance with the Federal Conditions of Medicare and Medicaid Participation and with Hawaii State Law. This policy also provides a mechanism for all acute care hospitals to document each referral in accordance with federal and state requirements such as the Health Care Financing Administration, the Hawaii Department of Health, the Joint Commission of Accredited Health Organizations, and the American Osteopathic Association. Adherence to this policy also provides a permanent record for the purpose of quality assurance and quality improvement.

II. PROCEDURE:

A. Routine Referral of *All* Deaths

1. At or near the time of every patient death, the Facility shall contact Organ Donor Center of Hawaii (ODCH) to determine a patient's suitability for anatomical donation in conjunction with the attending physician or hospital designee.
2. ODCH must be called *both before a potential donor is removed from the ventilator and while the potential donor's organs are still viable.*
3. *All* patients must be evaluated for donor suitability by ODCH prior to the patient's legal next-of-kin being approached about donation.
4. The Facility designee, [e.g., the patient's Primary RN, Charge Nurse, or Nursing Supervisor], will be responsible for contacting ODCH at (808) 599-7630.

5. The referring person shall have the following information available prior to making the contact:
   a. The patient's name, medical record number, and Facility unit or floor number;
   b. Patient's age, sex, and race;
   c. Anticipated or suspected cause of death, or admitting diagnosis;
   d. Past medical history and patient's current status (e.g., currently ventilated, DOA, etc.);
   e. Date and Time of death; and
   f. Other pertinent medical information.
6. The referral must be documented on the Certificate of Routine Referral For Anatomical Gifts (Attachment 1), and this certificate shall then be placed in the patient's medical record.

B. Determination of Medical Suitability

1. ODCH will make a preliminary determination of suitability for donation, in consultation with the attending physician or designee.
2. If ODCH determines that donation is not appropriate based on established medical criteria, this shall be noted in the patient's medical record by the facility personnel, and no further action is necessary.

C. The Organ Donation Request Process

1. If the patient is a candidate for vital organ donation, the ODCH coordinator will travel to the facility to evaluate for suitability *prior* to the patient's legal next-of-kin being approached about donation.
2. Upon arrival, the ODCH coordinator will conduct additional screening, and in consultation with the attending physician or designee, coordinate an appropriately timed discussion with the patient's legal next-of-kin, about the option of organ and tissue donation.
3. Only the ODCH coordinator or the Designated Requestor, as defined below, shall manage the process of requesting organ, tissue, or eye donation from the family of the potential donor. A "Designated Requestor" is a hospital employee who has satisfactorily completed a course of training by ODCH on how to manage the donation request process, and who is certified by ODCH to approach the family for donations under specific direction of ODCH.
4. The option of donation shall be presented and explained in a manner that is discreet and sensitive to family circumstances and beliefs.

D. The Tissue Donation Process

1. If the patient is suitable for tissue donation only, ODCH will not routinely send a representative to the facility, but will coordinate the donation process by telephone.
2. A designee from the HHSC facility will inform the patient's legal next-of-kin that a representative from ODCH will be calling them to discuss their donation options regarding the patient.
3. Only the ODCH coordinator or the Designated Requestor shall manage the process of requesting organ, tissue, or eye donation from the family of the potential donor.
4. ODCH will coordinate the request, consent, and donation process with the appropriate tissue and eye banks. A witness from the facility is required for telephonic consent.

E. Legal Next-of-Kin Priority

The Hawaii Uniform Anatomical Gift Act (UAGA) provides that any of the following persons, in order of priority stated, when persons in prior classes are not available at the time of death, and in the absence of actual notice of contrary indications by the decedent or actual notice of opposition by a member of the same or prior class, may give all or part of the decedent's body for anatomical donation:

1. Spouse
2. Adult son or daughter
3. Either Parent
4. Adult brother or sister
5. Grandparent
6. Legal Guardian
7. Medical Examiner, Coroner, Coroner's Physician, or when the death does not fall within their jurisdiction, the Hawaii State Director of Health.

F. ODCH Responsible for Consent

1. Consent from the legal next-of-kin must be secured prior to the donation of any organ or tissues.
2. Legal consent may be obtained before or after death is pronounced, and is the responsibility of ODCH.
3. Legal consent shall be obtained either in writing, telegraphic, recorded telephonic consent or through other recorded message.
4. The facility representative will be required to witness the consent.
5. A copy of the consent will then become part of the patient's medical record.
6. The Certificate of Routine Referral Form shall be completed and placed in the patient's medical record. In the event the patient's death falls within the jurisdiction of the medical examiner, consent shall also be obtained from the medical examiner prior to the recovery of any organs or tissues.
7. Consent from the medical examiner, which is required prior to the recovery of any organs or tissues if the patients death falls within the jurisdiction of the medical examiner, shall be the responsibility of the ODCH coordinator.

G. Pronouncement and Documentation of Death

1. Prior to the recovery of organs or tissues, death must be pronounced and documented in the patient's medical record.
2. In the case of organ recovery, the pronouncement of death using established medical criteria to determine total cessation of all brain function including the brain stem (brain death), or absence of respiratory and cardiac function (cardiac death) must be documented in the patient's medical record by a licensed practicing physician, according to the facility's procedures, prior to surgical recovery.
3. The time of death must be recorded in the patient's medical record and a death certificate completed.
4. In the event the death falls under the jurisdiction of the medical examiner, the death certificate will be completed by the medical examiner.

H. Donor Management

1. To facilitate vital organ recovery from brain dead patients, the donor must be maintained on a ventilator and hemodynamically supported for organ perfusion throughout the recovery process.
2. ODCH coordinators will be onsite to provide for optimal donor management and will work with the facility staff to request medical consultations and laboratory studies to determine the suitability of the organs for transplantation.

I. Required Facility Resources

1. For vital organ recovery, a scrub nurse, circulating nurse, and anesthesiology support will be required, as well as an operating room.
2. For tissue recovery, an operating room will be required, but no operating room personnel are required.

J. Assignment of New Account Number

1. Once death has occurred, all medical charges related to organ donation are paid by ODCH. Charges begin at the time a patient is being maintained solely for the purpose of organ donation. These charges include donor evaluation, laboratory, pharmacy, intensive care unit, operating room and all professional fees.
2. The facility contact person shall contact the admitting office and ask for issuance of a new addressograph plate with the words “cadaver donor” as identification. The admitting office will inform the business office of the new account number for donor charges.
3. Bills related to organ donation will be sent to ODCH, Fort Street Mall, Suite 1140, Honolulu, HI 96813.

Attachment: 1. Certificate of Routine Referral for Anatomical Gifts

CERTIFICATE OF ROUTINE REFERRAL FOR ANATOMICAL GIFTS

In compliance with the Health Care Financing Administration (HCFA) Conditions of Medicare and Medicaid Participation for Hospitals and **[Hospital/Medical Center]** Policy, this form must be completed on all deaths or impending deaths and included in the patient's permanent medical record.

Addressograph

SECTION 1: ***Must be completed for all patient deaths***

Call Organ Donor Center of Hawaii (800) 695-6554

All patient deaths must be screened by Organ Donor Center of Hawaii (ODCH) to evaluate medical suitability for donation prior to the patient's family being approached.

PROVIDE THE FOLLOWING INFORMATION TO ODCH:

Patient's Name and Medical Record Number
Hospital Unit or Floor Number
Patient's Status (e.g. currently ventilated, DOA, etc.)
Patient's Age, Sex, and Race
Date and Time of Death
Cause of Death or Admitting Diagnosis

DOCUMENT REFERRAL TO ODCH:

Name/Title of Staff member making Call: _____ Date/Time: _____

Name of ODCH Staff Screening Referral: _____

OUTCOME OF PRELIMINARY SCREENING BY ODCH REPRESENTATIVE:

❑ PATIENT DOES NOT MEET CRITERIA FOR DONATION PER ODCH: *(check reason below)*

❑ Age ❑ Medically Unsuitable ❑ ME/Coroner Refused ❑ Other:_____

❑ PATIENT MEETS CRITERIA FOR DONATION PER ODCH:

❑ Potential Tissue Donor * ❑ Potential Organ Donor *

*** Organ Donor Center of Hawaii** is responsible for obtaining legal consent for organ and tissue donation. Please assist the ODCH staff by providing family contact information. A [Hospital/Medical Center] staff member is required to witness the next-of-kin's consent to donation. The consent form must be included in the patient's chart prior to the recovery of organs or tissues.

SECTION 2: ***Must be signed by person completing form***

Name/Title:_____ Date/Time: _____

Comments:

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