
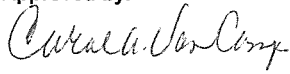


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|  <p><b>HAWAII HEALTH SYSTEMS</b><br/>CORPORATION<br/><i>"Quality Healthcare For All"</i></p> <p><b>POLICY</b></p> | <p>Department:<br/>Quality</p>  | <p>Policy No.:<br/><b>PAT 0002A</b></p>      |
|  | <p>Issued by:<br/>Kathleen Libao-Laygo,<br/>Director of Quality</p>   | <p>Revision No.:<br/>1</p>                   |
| <p>Subject:</p> <p><b>Anatomical Donation Policy</b></p>   | <p>Approved by:<br/></p> <p>HHSC Board of Directors<br/>By: Carol A. VanCamp<br/>Its: Secretary/Treasurer</p> | <p>Effective Date:<br/>February 20, 2014</p> |
|  |   | <p>Supersedes Policy:<br/>April 12, 2001</p> |
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Last Review: January 2014; Next Review: January 2017

**I. BACKGROUND:**

The federally designated organ procurement organization (OPO) for the State of Hawaii is Legacy of Life Hawaii (LLH), which also serves as Hawaii's tissue procurement agency. Hawaii's eye recovery agency is the Hawai'i Lions Eye Bank (HLEB).

**Legacy of Life Hawaii ("LLH")**  
405 N. Kuakini Street #810, Honolulu, Hawaii 96817  
Referral Phone: 800-695-6554

**Hawai'i Lions Eye Bank ("HLEB")**  
405 N. Kuakini St, Suite 801, Honolulu, HI 96817  
Referral Phone: 800-695-6554

**II. DEFINITIONS/REQUIREMENTS:**

Brain Death: Cessation of all brain function including the brain stem

Cardiac Death: Absence of respiratory and cardiac function

Decedent: An individual who has been pronounced dead using established medical criteria to determine brain death or cardiac death, with death having been documented in the medical record by a licensed practicing physician according to hospital procedures,

Imminent Death: All patients who meet both of the following criteria:

- a. Currently ventilated, and
- b. Glasgow Coma Score less than 5.

**III. POLICY:** HHSC's acute care and critical access hospitals shall routinely refer patient deaths to the organ procurement organization (OPO) with which they have an agreement for determination of suitability for organ and tissue donation, in compliance with applicable federal and state law and regulations. Currently, the applicable OPO for HHSC's hospitals is Legacy of Life (LLH).

Potential organ and tissue donors shall be identified and potential donor families shall be offered the option of donation. Each referral shall be documented in accordance with federal and state and accrediting agency requirements.

**A. Referrals.** The hospital shall refer all imminent deaths and cardiac deaths to the OPO in a timely manner in order to determine suitability for organ, tissue, and eye donation.

1. Calls regarding cardiac death will be made within one (1) hour of the time of death.
2. Calls regarding "imminent death" will be made within one (1) hour of the Glasgow Coma Score falling below 5.

A record of the contact and disposition of the referral will be noted in the patient's medical record.

**B. Determination of Medical Suitability**

The hospital staff contacting the OPO shall give, at minimum, the following information: age, cause of death and significant medical history. The OPO, in consultation with appropriate medical staff, shall determine the suitability of each potential donor for recovery of organs, tissue, and eyes. OPO will make the determination of donation potential based on the most recent criteria. If the patient is found to be unsuitable for donation, this will be noted in the patient's medical record and no further actions are necessary on the part of the hospital.

**C. Authorization**

1. First Person Authorization:

If an adult or emancipated minor<sup>1</sup> who is a potential donor has a validly executed document of anatomical gift, only the potential donor may revoke or amend the gift. HRS 327-5 and 327-8. The hospital shall honor the wishes of the donor as expressed in a valid document of gift. Donation shall proceed as directed by the OPO if medically appropriate. Additional authorization is not required for organ, tissue and/or eye donation.

- a. Valid documents of gift include, but are not limited to: a donor card, donor designation on a driver's license or state identification card, an advanced healthcare directive, a will, or registration with a statewide organ and tissue donor registry. HRS 327-5.
- b. The hospital and OPO will collaborate on a procedure/algorithm guiding both organizations through the process of recovering organs from a potential donor by whom a valid document of gift has been executed.

2. Obtaining Authorization in the Absence of a Legal Document of Gift:

In the absence of a validly executed document of anatomical gift, hospital staff shall defer to the OPO coordinator to manage the process of requesting authorization for organ, tissue, or eye donation from the family of the potential donor. The OPO coordinator shall:

- a. Collaborate with appropriate medical and hospital staff regarding the best timing of the approach, and

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<sup>1</sup> For unemancipated minors, a parent may revoke or amend an anatomical gift or refusal. HRS 327-8(g) and (h).

- b. Facilitate the consent process.

Hospital staff will collaborate with the OPO prior to any mention of donation to the family. If hospital staff participate in donation discussions with a patient's family, they are encouraged to maintain discretion and sensitivity with respect to the family's circumstances, views and beliefs.

3. Anatomical gift of Decedent's body or body part when no Legal Next of Kin is "reasonably available"

HHSC hospitals shall comply with Hawaii Revised Statutes Section 327-9 with regard to honoring the making of an anatomical gift of a decedent's body or body part.

#### **D. The Tissue Donation Process**

If the OPO deems the patient suitable for tissue donation only, the donation process will be coordinated by telephone. The hospital designee will obtain contact information for the Next of Kin before they leave the hospital. The OPO will coordinate the request, consent, and donation process with the appropriate tissue and eye banks.

#### **E. OPO Responsibility for Medical Examiner Consent**

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. Consent from the medical examiner shall be the responsibility of the OPO coordinator.

#### **F. Pronouncement and Documentation of Death**

Death must be pronounced and documented in the patient's medical record prior to any recovery of organs or tissues. In the case of organ recovery, the pronouncement of death, using established medical criteria to determine brain death, or cardiac death, must be documented in the patient's medical record by a licensed practicing physician, according to hospital procedures, prior to surgical recovery. The time of death must be recorded in the patient's medical record and a death certificate completed.

In the event the death falls under the jurisdiction of the medical examiner, the death certificate will be completed by the medical examiner.

#### **G. Donor Management**

To facilitate vital organ recovery from a brain-dead patient, the donor must be maintained on a ventilator and hemodynamically supported for organ perfusion throughout the recovery process. An OPO coordinator will be onsite to provide for optimal donor management and will work with hospital staff to request medical consultations and laboratory studies to determine the suitability of organs for transplant.

## **H. Required Hospital Resources**

Hospitals will develop procedures in consultation with OPO regarding which hospital resources will be made available to facilitate organ and/or tissue recovery.

**IV. Applicability:** HHSC Acute Care and Critical Access Hospitals.

**V. Authority:** Conditions of Participation for Acute Care Hospitals, 42 CFR 482.45; Conditions of Participation for Critical Access Hospitals 42 CFR 485.643; Uniform Anatomical Gift Act (UAGA), Hawaii Revised Statutes Chapter 327; HRS 327-32 and 327-38.

**VI. Reference:** Legacy of Life Hawaii Services Agreement: Organ and Tissue Donation, as amended from time to time (current version is 12-0395).

**VII. Attachments:** None.