

HARBOR-UCLA MEDICAL CENTER

SUBJECT: TISSUE AND ORGAN DONATIONS

POLICY NO. 316

PURPOSE

To establish procedures at Harbor-UCLA Medical Center which will maximize the number of organs and tissues (including eyes) available for transplantation in compliance with State and national guidelines.

POLICY

Harbor-UCLA Medical Center will:

- Notify its contracted organ procurement organization (OPO) in a timely manner of any ventilated patient with a devastating illness or injury where the patient has lost one or more brain stem reflexes, or the patient has a Glasgow Coma Scale of 5 or less, and/or the family has initiated discussion for DNR (do not resuscitate)/withdrawal of the ventilator.
- Allow the OPO to determine a referral's medical suitability for organ and tissue donation.
- Work cooperatively with the OPO to advise family members of each potential organ/tissue donor of their option to donate organs/tissues, or to decline to donate. Discretion and sensitivity with respect to the circumstances, views, and beliefs of the potential donors must always be considered.
- Work cooperatively with the OPO to educate medical, nursing, and ancillary staff on donation related issues.
- Work cooperatively with the OPO to maintain potential donors while necessary testing and placement of potentially donated organs and tissues takes place.
- Collaborate with the OPO to ensure that the organ referral rate meets Federal compliance standards.

Harbor-UCLA has contracted with OneLegacy as its OPO and tissue procurement organization.

PROCEDURE

I. IDENTIFICATION OF POTENTIAL DONORS

A. Brain Death

If Brain Death is imminent or has been declared, the nurse in charge of the patient's care is responsible for ensuring a call is made to the 24-Hour Donor Referral Line at (800) 338-6112 as soon as possible and within one hour. The caller must document:

- The date and time of the call.
- The organ/tissue notification # (provided by Donor Referral Line) on the "Information for Certificate of Death" form HH196 (see Attachment I) and/or the progress notes.

EFFECTIVE DATE: 5/86

SUPERSEDES:

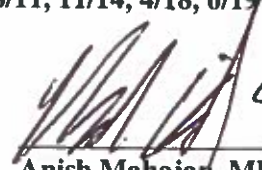
REVISED: 9/86, 9/89, 10/92, 2/96, 7/99, 8/03, 2/05, 6/11, 8/11, 4/12, 11/14, 4/18


REVIEWED: 9/89, 9/92, 2/96, 6/99, 7/99, 3/00, 8/03, 6/11, 8/11, 11/14, 4/18, 6/19

REVIEWED COMMITTEE: N/A

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer

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 ANISH MAHAJAN
 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

HARBOR-UCLA MEDICAL CENTER

SUBJECT: TISSUE AND ORGAN DONATIONS

POLICY NO. 316

- Their name in the medical record.

For information regarding the assessment of patients for brain death, please refer to Hospital and Medical Administration Policy No. 315, Guidelines for the Assessment of Brain Death.

B. Cardiac Death

If brain death has not been previously declared and the physician declares cardiac death, the nurse in charge of the patient's care is responsible for ensuring a call is made to the 24-Hour Donor Referral Line as soon as possible and within one hour. Please refer to Section IA (above) for the phone number and information to be documented during the call.

C. Donation after Cardiac Death (DCD) Candidates

Hospital staff, in conjunction with the patient's attending physician and OPO, will evaluate all patients for donor suitability if the following criteria are met:

- The patient has a non-recoverable illness or injury that has caused an irreversible neurological condition (such as stroke, tumor, anoxia, end stage musculoskeletal disease, high spinal cord injury, or head trauma), AND
- The patient is dependent on mechanical ventilation.

Following identification of potential donors as above, hospital staff will contact the OPO and report the patient as a potential organ donor using the 24-Hour Donor Referral Line. Please refer to Section IA (above) for phone number. The decision to discontinue life-sustaining measures should be made by the patient or surrogate decision maker, together with the attending physician, prior to a discussion of DCD by the OPO, unless such a discussion is requested by the patient or surrogate decision maker.

For more information regarding DCD, please refer to Hospital and Medical Administration Policy No. 316A, Guidelines for Organ Donation after Cardiac Death (DCD).

D. Role of Organ Procurement Organization

The OPO will determine medical suitability of any patient referred for organ and tissue donation.

II. OBTAINING CONSENT**A. Registered Donor or Patient Providing First Person Consent**

If the patient is a registered donor, first person consent is established and the donation will proceed once brain death or cardiac death is pronounced. If a patient expresses their wishes for organ donation, the hospital staff will contact the OPO and document the patient's wishes in the patient's medical record.

B. Patient's Surrogate Decision Maker

If the patient is not a registered donor, consent for organ or tissue donation must come from the patient's surrogate.

Consent will be obtained from the highest ranking available next-of-kin (in order of priority):

- An agent of the donor, provided that the power of attorney for health care or other record expressly authorizes the agent to make an anatomical gift.
- The spouse or domestic partner of the decedent.
- An adult son or daughter of the decedent.
- Either parent of the decedent.
- An adult brother or sister of the decedent.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: TISSUE AND ORGAN DONATIONS

POLICY NO. 316

- An adult grandchild of the decedent.
- A grandparent of the decedent.
- An adult who exhibited special care and concern for the decedent during the decedent's lifetime.
- A person who was acting as the guardian or conservator of the decedent at the time of death.
- The Chief Executive Officer (or Chief Executive Officer's designee), provided that reasonable efforts have been made to locate and inform persons listed above. Refer to Section E in this document outlining a diligent search for an unidentified donor or donor with an unknown next-of-kin.

*For minors, the decision for an anatomical gift resides with the parent(s) or legal guardian.

The content of the discussion will be as follows given the specific clinical scenario:

1. Brain Death

The physician will explain the meaning of brain death to the surrogate. Following this, the OPO representative or the designated trained hospital requestor, in collaboration with the medical staff, may request permission for organ donation if the patient is a candidate. The OPO representative or the designated requestor will explain:

- The critical need for organs and tissues
- The process of organ and tissue donation
- The option to donate and the option to refuse donation
- That no charges are incurred by the family in the organ/tissue procurement process

In accordance with federal regulations, the individual who initiates the donation request of a surrogate must be an OPO representative or an individual who has completed a course of study offered or approved by the OPO. Every effort must be made to ensure discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of the potential donor.

Although the actual request for organ donation must be made by a representative of the OPO or a formally trained requestor, physicians may answer questions regarding organ donation and refer to the designated organ requestor for more specific detailed information.

2. Cardiac Death

In cases of cardiac death, approaching the surrogate for tissue donation opportunity and consent is the responsibility of the OPO.

3. Donation after Cardiac Death (DCD)

Once the physician and family have made the decision to discontinue life support on a ventilator dependent patient, the OPO representative will have the opportunity to request for organ donation if the patient is a suitable candidate. The OPO representative will explain:

The critical need for organs and tissues

- All details involved in a donation after DCD organ recovery, including the possibility that the recovery process may be aborted and the ramifications thereof
- The option to donate and the option to refuse donation
- Provide information on donation after brain death
- That no charges are incurred by the family in the organ/tissue procurement process.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: TISSUE AND ORGAN DONATIONS

POLICY NO. 316

C. Documentation of On-Site Consent

The OPO will facilitate completion of the OPO's organ and tissue donation consent with the patient's surrogate.

A single witness to the signing of the consent is required. Witnesses can be any hospital employee, but should not be an employee of the OPO.

D. Documentation of Off-Site Consent

If the patient's surrogate is not available at Harbor-UCLA, but they have agreed by phone, a telephonic consent will be recorded by the OPO and a consent form will be completed with a date and time stamp for future reference and review.

The OPO will obtain authorization from the Coroner's Office in all donor cases falling under the Coroner's jurisdiction.

E. Diligent Search for Unidentified Potential Donor or Potential Donor with Unknown Surrogate

On rare occasion, a potential donor may be unidentified and/or not have any known next-of-kin. California law allows for donation after a diligent search (California Uniform Anatomical Gift Act, California Health and Safety Code: Section 7150 et. Seq.).

The Department of Clinical Social Work will be contacted immediately once a patient is being considered as a potential organ donor to begin a formal diligent search for patient identification and/or legal next-of-kin. The Clinical Social Worker is to document in the patient's chart the following:

1. Beginning of diligent search

- Date and time search initiated and by whom
- Individuals/agencies involved in the search
- Steps taken throughout the process:
 - Checking of local missing persons records
 - Examining of person effects (including driver's licenses)
 - Questioning of any persons visiting the decedent
 - Fingerprinting the patient by appropriate authorities (per Hospital and Medical Administration Policy No. 339)
 - Documenting individuals contacted and telephone numbers

2. Ending of diligent search

- Patient is identified
- Legal next-of-kin is located
- Patient expires
- Hospital's 24-hour time frame for a diligent search has elapsed after active steps began.

If the diligent search for patient identification and/or the location of legal next-of-kin is unsuccessful, the California Health and Safety Code permits the Chief Executive Officer (or Chief Executive Officer's designee) to consent for organ donation.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: TISSUE AND ORGAN DONATIONS

POLICY NO. 316

F. Consent Not Obtained

If the consent for organ donation is declined, the management of the patient will continue to be the responsibility of the primary medical team.

III. PATIENT MANAGEMENT

The primary medical team is responsible for providing appropriate, supportive medical care to the patient up to and after the declaration of brain death. Once consent is obtained for organ donation, the primary team will document an order for the OPO to begin management of the donor.

Hospital staff will continue to provide supportive management of the patient throughout the donation process. Organ donors are maintained on a ventilator to support optimal organ health and function.

Although the hospital staff will cooperate with the OPO to facilitate organ procurement, it may be necessary to allocate resources to provide care for a critically ill Harbor-UCLA patient. The appropriate Critical Care (i.e., ICU or DEM) Director or faculty designee, as per current practice, will determine the appropriate allocation of critical care beds.

IV. RECOVERY

Organ recovery will take place in the Operating Room (OR). The OPO is responsible for scheduling organ recovery in the OR, based upon OR and surgeon availability. The OPO will also coordinate tissue recovery. Tissue recovery may be performed in the OR in conjunction with organ recovery or in the morgue. The OPO is responsible for providing required staff, supplies, and cleaning services for tissue recovery.

V. STAFF EDUCATION

The hospital will work cooperatively with the OPO in educating staff on donation issues. The OPO will provide periodic educational in-services to hospital staff regarding the donation process.

VI. REGULATORY COMPLIANCE

Retrospective review of death records will be performed under the auspices of the Harbor-UCLA Medical Center Donor Council. The Harbor-UCLA Medical Center Donor Council will have membership participation by the OPO. The OPO will be granted access to medical records to assess the hospital's donor potential, assure that all deaths or imminent deaths are being referred in a timely manner, and identify areas where the hospital and OPO staff performance might be improved. To protect confidential patient information, review of death records will be conducted on site.

VII. BILLING

The donation of organs and tissues are gifts given freely. The donor or next-of-kin will not receive bills for any cost incurred from organ/tissue procurement. The cost of procurement is reimbursable through the OPO. By copy of the Tissue/Organ Procurement Record, Expenditure Management will bill the appropriate agencies:

One Legacy
Corporate Office
ATTN: Accounting Department
221 S. Figueroa Street, Suite 500
Los Angeles, CA 90012

REFERENCES:

42 CRF, section 482.45; California Health and Safety Code, Section 7184; JCAHO, CAMH (RI 2)

ATTACHMENT I

COUNTY OF LOS ANGELES

HARBOR - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

NAME OF DECEASED _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ DATE OF DEATH _____ TIME _____ SEX _____

- 1. WAS ONE LEGACY NOTIFIED (800-338-6112)? YES NO
- 2. WHAT IS THE DEATH NOTIFICATION NUMBER FROM ONE LEGACY? # _____
- 3. WAS ORGAN DONATION DISCUSSED WITH THE FAMILY? YES NO
- 4. IF THIS PATIENT BEING CONSIDERED AS A CORONER'S CASE?
A. IF "YES" WAS A CORONER REPORT COMPLETED (FORM 18)
(PLEASE READ REVERSE SIDE FOR CAUSES CONSIDERED CORONER'S CASES) YES NO
- 5. WAS AUTHORIZATION FOR AUTOPSY DISCUSSED WITH FAMILY? YES NO

19A PLACE OF DEATH _____ 19B IF HOSPITAL, SPECIFY ONE ER, EROP, DOA _____ 19C COUNTY _____

19D STREET ADDRESS, STREET AND NUMBER OR LOCATION _____ 19E CITY _____ TIME INTERVAL BETWEEN ONSET AND DEATH _____ 22 WAS DEATH REPORTED TO CORONER REFERRAL NUMBER _____ YES NO

21 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR) IMMEDIATE CAUSE (A) _____ 23 WAS BIOPSY PERFORMED? YES NO

DUE TO (B) _____ 24A WAS AUTOPSY PERFORMED? YES NO

DUE TO (C) _____ 24B WAS IT USED IN DETERMINING OF DEATH? YES NO

DUE TO (D) _____

25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 _____ 26 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE _____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 27A DECEDENT ATTENDED SINCE MONTH, DAY, YEAR _____ 27B SIGNATURE AND DEGREE OR TITLE OF CERTIFIER _____ 27C CERTIFIER'S LICENSE NUMBER _____ 27D DATE SIGNED _____

DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR _____ 27E ATTENDING PHYSICIAN'S NAME (PLEASE PRINT) _____

NAME OF RESIDENT PHYSICIAN _____ ID# _____ EXT./PAGER NO. _____ SERVICE _____ EXTENSION _____

ALTERNATE NAME OF RESIDENT PHYSICIAN _____ EXT./PAGER NO. _____ SERVICE _____ EXTENSION _____

***PLEASE NOTE: AS REQUIRED BY CIVIL CODE (SECTION 1798.9) PHYSICIANS MUST SIGN THE DEATH CERTIFICATE WITHIN 15 HOURS AFTER DEATH IF DETERMINED THE CAUSE OF DEATH IS NOT A CORONER'S CASE**

INFORMATION SHOULD BE COMPLETED ON NURSING UNIT OR EMERGENCY DEPARTMENT

REPORT OF AUTOPSY

CAUSE OF DEATH AS DETERMINED BY AUTOPSY SURGEON: _____

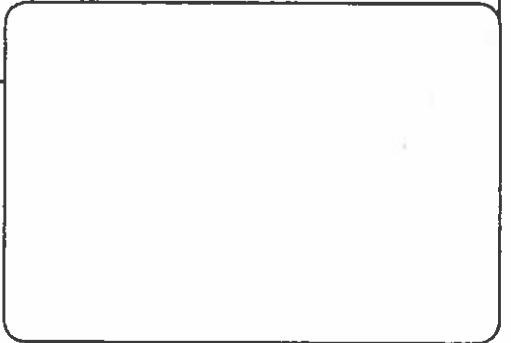
DUE TO: _____

DUE TO: _____

OTHER CONDITIONS: _____

SIGNATURE OF AUTOPSY SURGEON _____

Name (Print) _____



INFORMATION FOR CERTIFICATE OF DEATH

FOR MORTUARY OFFICE USE ONLY: CORONER

ATTACHMENT I

WAS THE CORONER NOTIFIED? YES NO

WORK SHIFT/HOUR EXTENSION/BEEPER DATE REVIEWED

NAME OF THE PEACE OFFICER REVIEWING THE MEDICAL RECORD AND NOTIFYING CORONER'S OFFICE?

NAME OF PEACE OFFICER/TITLE (RANK) DEPARTMENT/UNIT TELEPHONE/EXTENSION DATE REVIEWED

WITH WHOM IN THE CORONER'S OFFICE DID THE MORTUARY STAFF TALK TO?

NAME OF PERSON IN CORONER'S OFFICE DATE AND TIME TELEPHONE/EXTENSION

REMARKS/COMMENTS:

NAME OF MORTUARY STAFF:

Section 10250 (Health and Safety Code, State of California)

A PHYSICIAN, FUNERAL DIRECTOR OR OTHER PERSON SHALL IMMEDIATELY NOTIFY THE CORONER WHEN HE HAS KNOWLEDGE OF A DEATH WHICH OCCURRED OR HAS CHARGE OF A BODY IN WHICH DEATH OCCURRED:

- a. Without medical attendance.
- b. During the continued absence of the attending physician.
- c. Where the attending physician is unable to state the cause of death.
- d. Where the deceased person was killed or committed suicide.
- e. Where the deceased person died as the result of an accident.
- f. Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Listed below are types of deaths which have been difficult to evaluate and should be referred to the Coroner for decision:

- Aspiration - refer to Coroner
- Suffocation - refer to Coroner
- Drug addiction - refer to Coroner
- Exposure - refer to Coroner
- Pneumoconiosis - refer to Coroner

Gastroenteritis

- a. Do not use as cause of death- If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the coroner.
- b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage

- a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.
- b. Refer all others to the Coroner.

Heat prostration - refer to Coroner.

Diarrhea-should not be used as immediate cause of death.

Fractures

- a. All fractures should be evaluated by the Coroner except SPONTANEOUS PATHOLOGICAL fractures.

Therapeutic misadventure - refer to Coroner

Operative Deaths (result of surgery or anesthesia) - refer to Coroner.

CONTAGIOUS DISEASES

A coroner's referral will not be necessary for diagnoses cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnoses contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.

INFORMATION FOR CERTIFICATE OF DEATH