

**OLIVE VIEW-UCLA MEDICAL CENTER  
POLICY & PROCEDURE**

**NUMBER: 92  
VERSION: 3**

**SUBJECT/TITLE: ORGAN/TISSUE DONATION**

**POLICY:** All eligible organ donors are identified and family members are notified of the option to donate organs and/or tissues.

**PURPOSE:** To establish guidelines for the identification of potential organ/tissue/eye donor and to assist in the recovery of organs and tissues for donation.

To establish a process for reporting all imminent neurological and cardiac deaths at Olive View-UCLA Medical Center.

**DEPARTMENTS:** All.

**DEFINITIONS:** **Asystolic Recovery (Donation after cardiac death)** – The surgical recovery of organs after the pronouncement of death based on the cessation of cardiorespiratory function. The potential donor will have sustained a devastating, irreversible neurological injury, who will not meet the strict criteria for brain death, and whose families have chosen to withdraw life-sustaining therapy.

**Coroner/Medical Examiner** - An official of a local community who holds inquests concerning sudden, violent, or unexplained death.

**Death by Cardiac Criteria** - The irreversible cessation of circulatory and respiratory functions.

**Death by Neurological Criteria** - The irreversible cessation of all functions of the entire brain including the brain stem. There shall be an independent confirmation of brain death by a second physician.

**Decoupling** - Separating the process of informing a family of their loved one's death from offering the option of organ and tissue donation. The separation may involve time, place and/or person.

**Designated Requester** - OPO or Tissue/Eye Bank Coordinator. Any designated hospital staff member who has completed a course offered/approved by the hospital's organ procurement agency designed in conjunction with the tissue/eye bank for approaching potential donor families and requesting organ or tissue donation.

**Donor** - Any person that supplies blood or viable organ(s) or tissue(s) to be used

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in another body; e.g., a blood donor who donates blood for transfusion or an organ or tissue for transplantation.

**Identified Donor** - Patient who has been declared dead per appropriate procedure(s) and where legal consent for organ or tissue donation has been obtained.

**Potential Donor** - Any patient who has been pronounced dead or is expected to die soon, or is being taken off life support from an illness or injury that does not contraindicate consideration for donation.

**Procurement** - Surgical removal of viable organs or tissues from donors for transplantation.

**Suitable Donor** - Any patient who has been evaluated by the representative of the coordinating procurement agency and found to meet standards for donation of specific organs or tissue.

**Transplantation** - The transfer of viable organs/tissue from one part of the body to another or from one individual to another.

**PROCEDURE:**

- A. Organ Procurement Organization (OPO) will be notified timely for all eligible donors.
- B. Only an individual who has been trained as a Designated Requester is approved to approach the family with the option of organ donation. Best demonstrated practices preclude the discussion and offering of either organ and/or tissue donation by the following: treating physicians and nursing staff.
- C. Although Olive View-UCLA Medical Center agrees in principle the importance of assisting in efforts to increase organ procurement, the hospital and the medical staff have determined that it is not feasible at this time to support asystolic recovery for organ donation due to rare instance of occurrence and limited resources for timely recovery of organs. OneLegacy, the hospital's designated OPO, was involved in this discussion, and is aware of the facility's decision.
- D. In the event of an eligible Donor with no known Next of Kin, refer to California Health and Safety Code, Section 7150.40 subsection 10 (A-B) (See e attachment).
- E. An anatomical gift that is not revoked by the donor before death is

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irrevocable and does not require the consent or concurrence of any person after the donor's death. California Health and Safety Code, Section 7150.35.

- F. A Driver's License or identification card that meets the requirements for validity set forth in the subdivision (b) of section 12811 of the Vehicle Code shall be honored and no further consent or approval from the next of kin or other person listed in subdivision 7150.40 subsection 10 (A-B) shall be required. California Health and Safety Code, Section 7150.20
- G. A meeting with the multidisciplinary team is an expectation, should occur prior to any discussion with the family, and should emphasize and determine the family dynamics and the legal next of kin.
- H. The notification of all deaths
  1. Nursing staff to notify OneLegacy, a transplant network, at 1-800-338-6112 for all imminent (potential donors) and actual deaths.
    - a. Imminent death: A patient with severe, acute brain injury who requires mechanical ventilation, is in an Intensive Care Unit or Emergency Department, and has clinical findings consistent with a Glasgow Coma Score (GCS) that is less than or equal to 5.
    - b. DNR: For whom a physician is discussing DNR and/or withdrawal of life sustaining measures, pursuant to the patient's Advanced Directives or family's decision.
    - c. For whom physicians are evaluating a diagnosis of brain death.
    - d. Family mentions donation.
  2. Make the phone call within one hour of death for routine notification; otherwise, contact OneLegacy as soon as neurological death is declared or potential for donation is identified.
  3. When making the phone call, have the following information available:
    - a. Patient name, home town, zip code
    - b. MRN
    - c. Age, sex, race
    - d. Diagnosis (outlining a brief account including the course of events leading up to the cause of death)
    - e. Status of family dynamics
    - f. Status of brain death declaration, if applicable
    - g. Any significant past medical, surgical, or social history.

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4. Document the OneLegacy notification number on expiration record in the patient's electronic health record.
  5. Notify the Administrative Nursing Office (ANO) whenever OneLegacy is contacted. Provide ANO with the notification number. ANO will maintain the Expiration Log.
  6. On arrival to Olive View, the OneLegacy Staff will sign in at the ANO. They will also sign out when they leave.
- I. Evaluation of potential donors
1. OneLegacy Coordinator will do an on-site evaluation of the potential organ donor for suitability.
  2. Physician will inform the family of the grave prognosis and imminent or actual death.
    - a. All attempts will be made to have the discussion the family's primary language.
    - b. No staff is to mention organ donation at this time.
  3. Hospital staff will provide supportive medical management to a potential organ donor, maintaining organ function for transplantation. Medical management will continue while OneLegacy determines medical suitability.
- J. Approach and consent
1. Appropriate consent must be obtained for organ procurement.
    - a. OneLegacy Coordinator will determine the family's readiness to be offered the option of organ donation.
    - b. Family must be given time to accept neurological death as death before the option of organ donation is presented.
    - c. Consent is obtained by the OneLegacy Coordinator following proper consent protocol.
      - 1) Any individual of sound mind and 18 years of age or older has, prior to their death, the legal right to give all or part of his/her body after death for medical research, education, or therapy by the executive of an organ donor card (CHSC, Section 7150.20 / 7150.35)
    - d. OneLegacy Coordinator will inform the available next of kin of their option to donate organs and/or tissue. For individuals under 18 years of age or individuals over 18 years of age who have not previously made a request, consent must be obtained from the highest ranking available next of kin (in order of

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priority):

- 1) The attorney-in-fact under a valid “Power of Attorney” that expressly authorizes the attorney-in-fact to make an anatomical gift of all or part of the principle’s body or a pacemaker.
  - 2) The spouse of the decedent.
  - 3) An adult son or daughter of the decedent.
  - 4) Either parent of the decedent.
  - 5) An adult brother or sister of the decedent.
  - 6) A grandparent of the decedent.
  - 7) A guardian or conservator of the decedent at the time of death
- e. In the event the next-of-kin is not known, a diligent search is performed and documented in the patient’s electronic health record.
- 1) Diligent search is performed per CHSC, Section 7151.1. Organ procurement may occur after 12 hours of such.
- f. Nursing staff will document the name of the person who made the request and the family’s response.
- g. If the patient is a coroner’s case, the OneLegacy Coordinator will prepare appropriate documentation, which includes a copy of the medical record, obtain consent from the coroner, and provide signed consent for the medical record.
- h. When consent is obtained, nursing staff will:
- 1) Discharge the patient in the electronic health record.
  - 2) Contact admitting to re-admit the donor and assign a separate hospital number and file donor consent form in the patient’s medical record.

**K. Organ/Tissue Recovery**

**1. Declaration of death**

In the case of neurological death, two licensed physicians examine (one must be an attending) and declare neurological death. Each physician will document separately in the electronic health record, and will include the date and time of declaration. Neither physician may assist in the recovery of donated organs/tissues for transplantation.

**2. Donor maintenance**

- a. Physician will write an order for OneLegacy to begin management of the donor once the consent is obtained.
- b. OneLegacy can make medical management recommendations of the potential donor prior to the second neurological death declaration.
- c. Ventilatory and cardiovascular systems must be maintained

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- until the organs are recovered.
  - d. Hospital lab will conduct lab studies STAT as normally done on premises. OneLegacy Coordinator will make arrangements for tissue typing and serology testing at an outside lab.
  - e. The OneLegacy Procurement Coordinator will provide written orders for the medical management of the donor in accordance with OneLegacy's donor guidelines approved by OneLegacy's Medical Director.
  - f. Assigned nurse will continue to provide care to the donor patient until surgery.
3. Organ recovery
- a. OneLegacy Coordinator will notify the ANO after consent is obtained for the potential organ recovery.
    - 1) The ANO will make arrangements for the Operating Room for organ recovery.
  - b. OneLegacy Coordinator will communicate with the transplant center to facilitate timely arrival of the surgical recovery teams.
  - c. OneLegacy will provide guidelines to the anesthesiologist to maintain and monitor the donor's intraoperative perfusion and oxygenation until after the aorta is clamped or until released by the recovery surgeons. OneLegacy will assist with postmortem care at the end of the recovery and will, if needed, aid in transporting the body to the morgue.
4. Tissue/Eye recovery
- a. Nursing staff will notify OneLegacy as directed in Section H, Notification of all deaths.
  - b. Tissue considered for donation include: corneas, whole eyes, skin, bone, soft tissue (tendons and fascia), heart valves, pericardium, blood vessels, dura mater, and vertebral bodies.
  - c. OneLegacy will refer these deaths to the tissue procurement agency.
  - d. Nursing staff will provide the following information in extended review is done:
    - 1) Was the patient ever on a ventilator; if so, date of extubation?
    - 2) Last WBC count
    - 3) Last temperature
    - 4) Was CPR performed and how long?
    - 5) Past medical history
    - 6) Who is legal next of kin or who is the legal next of kin contact?

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- 7) Where can the Donor Coordinator reach the legal next of kin within approximately two hours?
- e. The Donor Coordinator will obtain consent.
- f. The Donor Coordinator will review the paperwork to determine donor suitability. If suitable, the Coordinator will assemble a team of procurement technicians for multi-tissue procurements or just one or two technicians for ocular only donors.
- g. The Donor Coordinator will then call the ANO.
- h. The ANO will then be asked:
  - 1) Is the body at the hospital and in refrigeration in the morgue?
  - 2) What time did the body get placed into refrigeration?
  - 3) Is the morgue currently in use?
- i. The ANO will be told that the morgue is needed for at least 1-5 hours after the arrival of the procurement technician at the facility. If the morgue is currently in use, then the ANO will help schedule the use of an OR suite to do the recovery or will direct the Donor Coordinator to the proper person to speak with to make those arrangements.
- j. The procurement technician(s) upon arrival to the facility will present a copy of the:
  - 1) Consent for donation and medical record access
  - 2) Tissue procurement agency photo identification badge
- k. The ANO will then escort the technician(s) to the morgue and verify the identity of the body with the technician(s)
  - 1) In the event for the need to use an OR, the ANO will help arrange the transport of the body to the OR, and the technician(s) will help in the transport.
- l. The technician(s) will proceed with the recovery taking between 1-5+ hours depending on the type of recovery.
- m. The technician(s) will clean up the recovery site after the completion of the recovery.
- n. The technician(s) may leave some biohazard trash at the recovery site for proper disposal.
- o. The technician(s) will inform the ANO of the recoveries completion so that the ANO can check the body ID again and supervise the placing of the body back in the morgue.
  - 1) In the event of the use of an OR, then the ANO will escort or make the proper arrangements to have the body placed back in the morgue. The technician(s) will assist with the body transfer.
  - 2) The ANO will call Environmental Services to do terminal cleaning if OR was used.

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- p. The technician(s) will present a Tissue Recovery Operative Report to the ANO upon leaving the facility.
  - q. The Donor Coordinator will notify the ANO when body is ready for release to the mortuary.
- L. Hospital reimbursement
- 1. OneLegacy will assume all financial responsibility once the consent for organ recovery is obtained.
  - 2. Charges related to the organ recovery are billed to the appropriate organ procurement agency.
  - 3. No recovery charges will be billed to the legal next of kin.
  - 4. Notify Patient Accounts of any donation.
- M. Organizational Review
- 1. Olive View-UCLA Medical Center Organ Donation Coordinator oversees the organ/tissue donation process.
  - 2. The Organ Donation Coordinator is responsible for:
    - a. Establishing donation policy and procedures
    - b. Monitoring organ/tissue/eye donation process
    - c. Assessing the efficacy of the organ/tissue donation process
    - d. Reporting biannually to the Quality Assessment Improvement Committee. The report will consist the following:
      - 1) Number of deaths – Actual number phoned to OneLegacy
      - 2) Number of potential donor referrals
      - 3) Number of organ/tissue recoveries by type
      - 4) Process problems/issues, action taken, and recommendations
  - 3. OneLegacy Coordinator will conduct quarterly death medical record reviews and report findings to the Olive View-UCLA Medical Center Organ Donation Coordinator.
  - 4. OneLegacy and tissue procurement agencies will provide monthly activity reports to the Olive View-UCLA Medical Center Organ Donation Coordinator.



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**References:**

1. California Health and Safety Code, Section 7150, 7151, 7180, 7181
2. California Uniform Determination of Death Act, 1982
3. Centers for Medicare & Medicaid Services, Hospital Conditions of Participation
4. The Joint Commission Accreditation Standard Ld 4.200

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