



**Jersey City Medical Center
Executive Administration**

Administrative Policy and Procedure

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Policy: Organ and Tissue Donation with Brain Death

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Organ and Tissue Donation with Brain Death

POLICY:

In accordance with New Jersey’s Uniform Anatomical Gift Act as amended and Federal Medicare regulations, all acute care hospitals are required to develop policies and procedures to ensure the routine referral of all deaths and pending deaths to their regional organ procurement organization (OPO) for the determination of medical suitability for organ and tissue donation. The NJ Sharing Network (NJSN) is the federally designated, state certified organ procurement organization or this hospital.

This policy assures that all potential organ and tissue donors are identified and families are provided the option of donation in compliance with the law. This policy provides a mechanism for all acute care hospitals to document each referral in accordance with federal and state regulations and guidelines promulgated by the Health Care Financing Administration, the New Jersey Department of Health and Senior Services and the Joint Commission for Accreditation of Healthcare Organizations.

Adherence to this policy also provides a permanent record for the purpose of quality assurance and quality improvement.

GUIDELINES

1. Organ Donation – refers to solid vascular organs: kidneys, heart, liver, pancreas, lungs and small bowel. Death must be determined by neurological criteria for organs to be donated except on limited occasions when organs may be donated after cardiac death.
2. Tissue Donation – refers to cartilage, bone tendons, ligaments and soft tissue i.e. skin, fascia, dura, heart valves and saphenous veins. Tissue donation requires donor death to be determined by either brain or cardiopulmonary criteria.

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3. Eye donation – refers to corneas and /or whole eyes. Eye donation requires donor death to be determined by either brain or cardiopulmonary criteria.
4. Brain death – refers to irreversible cessation of all functions of the entire brain, including brain stem. The criteria and procedures where by death can be determined and certified in accordance with neurological criteria is set forth in the “Declaration of Death by Neurological Criteria” policy.
5. Imminent death- refers to a patient with the absence of 2 or more brain stem reflexes with minimal or the absence of respiration, and/or Glasgow coma scale of 5 or less, or a patient whose family is contemplating end of life decisions to de-escalate care and/or withdrawal of ventilator support.

PROCEDURE

I. Making the Referral

The hospital shall notify The NJ Sharing Network (NJSN) of each hospital patient whose death is imminent or who has died. In the case of imminent death, the referral must be made within one (1) hour of the patient meeting any of the following triggers and prior to any discussion about organ and/or tissue donation with the patient’s family:

- a. Glasgow Coma Scale (GCS) of 5 or less, or loss of 2 or more cranial nerve reflexes.
- b. A contemplation of end of life discussion
- c. Prior to de-escalation of care
- d. Prior to the removal of ventilator support
- e. A first order of “Palliative Care” or “Palliative Care Only”
- f. A family expresses interest in donation

In the event of cardiac death, the referral should be made within one (1) hour of death. The phone number to make referrals 1-800-541-0075.

II. Medical Suitability

The NJSN has sole responsibility to determine medical suitability for donation. In order to do so, the NJSN will request the following information upon referral:

- a. Patient’s name and identifier number
- b. Patient’s age and Date of Birth
- c. Cause of death or anticipated cause of death
- d. Past medical history
- e. Other pertinent medical information required to determine medical suitability

At the time of the referral, the NJSN will access the donor registry and Department of Motor Vehicles to identify if the patient has made a donor designation. The Hospital shall not withdraw measure necessary to maintain medical suitability of the patient until NJSN has had the opportunity to investigate whether consent exists or when the opportunity for donation is gen to the family and a decision has been made.

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III Documentation of Referral:

All referrals to NJSN shall be documented in the patient's medical record. Notation shall include the following information:

- a. Date and time of referral to the NJSN
- b. Name of NJSN representative
- c. Outcome of call/evaluation and reason if patient was not suitable
- d. Whether consent was granted or refused
- e. Name of Person granting or refusing consent and their relationship to the decedent

IV Potential Tissue Donors:

In the event that the patient is deemed suitable for tissue donation:

- a. Consent for tissue donation shall proceed as described in Section VIII of this policy
- b. NJSN shall request contact information for the individual of highest ranking in the hierarchy of people allowed to give consent for donation as outlined in Section VIII of this policy.
- c. The body shall be placed on hold and not released to the Medical Examiner or funeral home until NJSN communicates back to the hospital the outcome of consent with the family.
- d. Should the deceased be suitable for eye donation, the NJSN shall place the referral with the Eye Bank selected by the hospital
- e. With the family's permission NJSN staff or designees shall pick up the body from the morgue and take it to NJSN recover center where especially trained surgical recovery specialists will recover tissues. If the family objects to transportation of the body, the recovery of tissues shall take place in the operating room of the Hospital.

V Potential Organ Donors

In the event that the patient is deemed suitable for organ donation:

- a. NJSN Coordinator/staff shall communicate expected time of arrival to the hospital. Ideally, this will be within 90 minutes.
- b. NJSN Coordinator/staff shall review the medical record and collaborate with hospital staff in securing additional information or tests necessary to determine suitability. NJSN staff may conduct any blood or tissue test or minimally invasive exams necessary to evaluate medical suitability.
- c. The NJSN transplant coordinator evaluating the patient shall place a note in the patient's medical record regarding the potential donor's medical suitability. If the patient is determined to be an unsuitable candidate for donation, an explanatory notation shall be made part of the patient's medical record.
- d. If there is potential for organ donation, the transplant coordinator shall collaborate with the clinical staff for the next steps for medical management, plan of care, and approach for consent. In order to maintain organ function, the NJSN may make initial suggestions for medical management of the patient prior to the pronouncement of death.

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VI. Medical Examiner

The NJSN is responsible to notify and coordinate with the Medical Examiner for the recovery of the donor.

VII Declaring Brain Death

- a. A definition of brain death can be found in the “Declaration of Death by Neurological Criteria” policy Brain death shall be determined in accordance with the steps outlined in that policy.
- b. The transplant or recovery surgeon may not be involved in the pronouncement of brain death.
- c. Legal declaration occurs when a licensed physician places a time note in the patient’s record.
- d. Appropriate medical care shall be maintained until such time as it is determined whether the decedent is an organ donor or not.

VIII Obtaining Consent

- a. Consent shall be in either written, witnessed facsimile or tape recorded telephonic message form.
- b. The NJSN shall provide all appropriate consent forms and/or first person consent documentation and place them in the patient’s medical chart.
- c. If the patient has a validly executed donor card, will other document of gift, driver’s license or identification card evidencing an anatomical gift, the NJSN representative or designated requestor, if any shall attempt to notify an appropriate person as described below of his or her gift. If there is no document of gift available to the NJSN representative or designated requestor, he or she shall ask persons in the following order of priority:
 1. Agent – the patient’s healthcare representative as appointed in the patient’s advance director unless the document appointing this person prohibits the representative from making an anatomical gift.
 2. The spouse, civil union partner or registered domestic partner of decedent
 3. An adult child
 4. Either parent
 5. An adult sibling
 6. An adult related to decedent by blood, marriage or adoption or any other person who has exhibited special care and consent for the decedent
 7. A guardian of the decedent at the time of the decedent’s death or
 8. Any other person authorized or under the obligation to dispose of the body including an administrator who has the authority to dispose of the decedent’s body. If there is no actual notice of a contrary indication by the decedent and no persons in the prior class are reasonably available to make or object to the making of a gift the administrator shall make an anatomical gift of the decedent’s body or part. A person is reasonably available if they are able to be contacted by a procurement organization without undue effort and willing and able to act in a timely manner consistent with existing medical criteria for the making of a donation.

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- d. If there is more than one member of a class as specified above, entitled to make an anatomical gift, a member of the class may make an anatomical gift unless that member or a person to whom the gift may pass pursuant knows of an objection by another member of the class. If an objection is known, the gift shall be made only by a majority of the members of the class who are reasonably available. It is not required for all members of the class to authorize the making of the gift or participate in the decision to make the gift.
- e. A person may not make an anatomical gift if, at the time of the decedent's death, a person in a prior class as specified above is reasonably available to make or object the making of an anatomical gift.
- f. An anatomical gift by a person authorized to make the gift may be amended or revoked orally or in a record by any member of a prior class who is reasonably available. If more than one member of the prior class is reasonably available, the gift made by the authorized person may be (a) amended only if a majority of the reasonably available members agree to amending the gift or (b) revoked only if a majority of the reasonably available members agree to revoking the gift or if they are equally divided as to whether revoke the gift.
- g. A revocation to the gift shall be effective only if, before an incision has been made to remove a part from the donor's body or before invasive procedures have begun to prepare the recipient the procurement organization, the transplant hospital or physician or technician knows of the revocation. A procurement organization, transplant hospital or physician or technician with knowledge of a revocation shall make a best effort to communicate that information to the other parties involved in order to stop the anatomical gift recovery process.
- h. In the event of the death of a donor who is an unemancipated minor, a parent of the donor who is reasonably available may revoke or amend an anatomical gift of the donor's body or part. In the event of the death of an unemancipated minor who has signed a refusal, a parent of the minor who is reasonably available may revoke the minor's refusal.

IX Approaching the Family

Jersey City Medical Center has chosen the NJSN as the designated requestor for donation. Only individuals employed by the NJSN or hospital staff trained by the NJSN may approach families for donation.

The approach to the family shall be a collaborator effort with the NJSN. The approach may include pastoral care, social workers, nurses, physicians who are not trained as long as it is a collaborative effort with NJSN and /or a hospital appointed designated requestor.

X Reimbursement

- a. The NJSN shall reimburse Jersey City Medical Center for all charges incurred from the time death is declared and which are directly related to organ and tissue procurement such as room and board. Laboratory tests, drugs, operating room costs and intensive care unit charges. Physicians' fees shall also be covered by the NJSN provided that they are incurred after the declaration of death and that the service provided was related specifically to donor evaluation, maintenance and/or surgical recovery of the organs. Jersey City Medical Center shall provide the NJSN with an itemized statement of all services and tests for which reimbursement is sought.

- b. The NJSN shall notify in writing the billing office of all donors.

XI Quality Improvement

- a. Medical record reviews shall be conducted by the NJSN to ensure early referral of all potential organ donors. A periodic review of all death charts shall be conducted by the NJSN to ensure the timely notification of all hospital deaths. Charts shall be reviewed for documentation of the referrals to the NJSN.
- b. All brain death declarations, cardiac death declarations and organ/tissue donor request shall be reviewed with the NJSN for adherence to this policy.
- c. The NJSN shall provide to the hospital a quarterly report. The report shall include all patients refers to the NJSN with outcomes.