

Vermont Psychiatric Care Hospital Procedure

Organ and Tissue Donation

Revised: X

Date: 04/07/14

A. Organ and Tissue Donation Information

Consistent with the Vermont Psychiatric Care Hospital (VPCH) Advance Directive Policy and Procedure, the Care Management staff is responsible for explaining the nature and effect of an advance directive to any patient requesting such information, including information about anatomical gifts.

At admission or as soon as possible thereafter, all patients will receive organ and tissue donation information provided by the New England Organ Bank (NEOB).

B. Patients facing imminent death transferred to general hospital

1. Any patient facing imminent death will be transferred to the nearest and most appropriate acute care hospital for terminal care. Record of the transfer (date and time) shall be documented in the patient's record.
2. The attending physician or designee will provide timely notification to the NEOB of all transfers of patients facing imminent deaths by calling their 24-hour number, 1-800-446-6362. The attending physician or designee will notify the acute care hospital of contact with NEOB for possible organ or tissue procurement.
3. The policies and procedures of the acute care hospital relative to organ donation and procurement will govern after transfer.

C. Patient Death at VPCH

1. When a patient dies while at VPCH, the attending physician or designee is responsible for properly documenting the determination of death in the medical record and informing the family of the patient's death.
2. Pursuant to state law, and the *VPCH Patient Death Procedure*, the state medical examiner is notified of all untimely deaths and ultimately determines disposition of an expired patient. The medical examiner will be informed if the patient has documented a directive for organ or tissue donation. The attending physician will assist in obtaining the release of the donor's body from the medical examiner when necessary.
3. Once the family has been informed of the patient death, the physician or designee will notify the NEOB of any asystolic death unless there are specific, documented, patient directives contrary to organ or tissue procurement or unless such notification is contrary to the directives of the State Medical Examiner. Notification to the NEOB will be by way of their 24-hour number, 1-800-446-6362.

4. In order to determine a patient's potential suitability for tissue and/or eye donation, the physician or designee staff shall provide necessary information to NEOB. Information provided may include:
 - a. Caller's name, unit, & phone number
 - b. Hospital contact (attending physician or charge nurse)
 - c. Patient's name, age, sex, and race
 - d. Date and time of death; date of admission
 - e. Cause of death
 - f. Past medical history (e.g., history of cancer, prior transplants, etc.)
 - g. Name and phone number of next-of-kin
5. If the deceased is not medically suitable, the outcome will be documented in the patient's chart and no further action is required.
6. If the deceased is medically suitable, a representative from NEOB in collaboration with the attending physician shall initiate a discussion with the deceased patient's representative (e.g. agent named in an advance directive, guardian, family members, or reciprocal beneficiary) regarding the option to make or refuse to make an anatomical gift and request the making of an anatomical gift. The request shall be made with reasonable discretion and sensitivity to the circumstances of the family. An entry shall be made in the medical record of the patient, stating the name of the person making the request and the name, response and relationship to the patient of the person to whom the request was made.
7. The representative from NEOB shall coordinate the completion of the consent forms as required and provide a copy to VPCH for the patient's medical record.
8. The attending physician or designee will also collaborate with NEOB in the maintenance of the potential donors' remains.
9. If the patient has executed a valid donor designation or gift document, the representative from NEOB shall keep a copy and provide a copy for the medical record.

D. Education and Quality Assurance

1. Regular chart audits of deceased patients will be conducted by the NEOB staff to ensure adherence to organ and tissue donation policy and procedure. Appropriate follow-up will be conducted in regards to identification and timely referral of all expired patients. The NEOB will evaluate compliance to procurement policies on a regular basis.
2. VPCH will work cooperatively with the NEOB to ensure that appropriate staff are educated on organ and tissue donation issues.

III. Agreement with New England Organ Bank

VPCH Business Office will maintain and renew as necessary an agreement or Memorandum of Understanding with NEOB that incorporates the requirements of this policy and of applicable law and regulation.

IV. Definitions

“patient facing imminent death” means a severely brain injured, ventilator dependent patient, with either clinical findings consistent with a Glasgow Coma Scale (GCS) of 5 or less, or a plan to discontinue mechanical or pharmacological support.

“timely notification” means: (a) as soon as it is anticipated that a patient will meet the criteria for imminent death as defined herein; or (b) as soon as possible (within one hour) after a patient meets the criteria for imminent death as defined herein and prior to the withdrawal of any life sustaining therapies.

Approved by	Signature	Date
Frank Reed, Commissioner of DMH		11/29/16