

# CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	<b>PATIENT FOCUSED FUNCTIONS</b>
<b>CHAPTER 1:</b>	<b>Ethics, Rights and Responsibilities</b>
<b>PROCEDURE 1.14:</b>	<b>Organ/Tissue/Eye Donation</b>
<b>REVISED:</b>	10/27/06; 12/14/09; 11/14/16; Reviewed 02/18; 08/13/18
<b>Governing Body Approval:</b>	11/14/2013; 11/17/16; 04/18; 10/24/18 ( <i>electronic vote</i> )

**PURPOSE:** To ensure that the patient's wishes concerning organ/tissue/eye donation are honored and that patient's family are provided an opportunity to donate organs/tissues/eyes in the absence of the patient's self-determination.

**SCOPE:** All Clinical Staff

**PROCEDURE:**

- I. The opportunity for organ/tissue/eye donation must be made with the legal next-of-kin unless:
  - A. the deceased has already consented to donate through the Connecticut Donor Registry (such that consent from the next-of-kin is not required);
  - B. the deceased has already expressed his/her intention not to make a donation; or
  - C. a determination is made in collaboration with LifeChoice Donor Services, the Organ Procurement Organization (OPO), that the donation would not yield suitable organs/tissues/eyes for transplantation (*See attachment for specific contact information*).
- II. In all cases, sensitivity and discretion to the circumstances, views, and beliefs of the family are to be kept in mind.
- III. In the State of Connecticut, next-of-kin (in order of priority) is as follows:
  - A. Spouse;
  - B. Person designated as a decision-maker under CGS 1-56r;
  - C. Adult son or daughter;
  - D. Parent;
  - E. Adult brother or sister;
  - F. Grandparent;
  - G. Guardian of the person at the time of death;
  - H. Any person legally authorized to make health care decisions, including, but not limited to, a health care agent appointed under Connecticut General Statutes (CGS) Section 19a-576; or

- I. Conservator of Person as defined in: CGS Section 45a-644.
- IV. Any Time a Patient Requests:
- A. He/she is provided information about organ/tissue/eye donation.
  - B. His/her wishes regarding donation are entered on [CVH-407](#), for those without a conservator of person, or [CVH-407b](#), for those with a conservator of person.
  - C. If he/she wishes to be an organ/tissue/eye donor, he/she will need to provide CVH with documentation, such as a driver's license indicating organ donor status.
  - D. [CVH-407](#) or [CVH-407b](#) and (*when applicable*) documentation of organ donor status are filed in the legal section of the medical record.
- V. When death is imminent or when the patient has died:
- If the patient is transferred to an acute care hospital as an already established donor, this information is shared with the EMS/paramedics as well as documented on the W-10 accompanying the patient to the hospital. If the patient is to be transferred to an acute care hospital and had already been determined not to be a potential donor, (either by choice or lack of suitability) the acute care hospital physicians will be responsible for any further action taken.
- VI. For patients pronounced at CVH:
- A. If the patient is pronounced at CVH, the pronouncing physician will inform the family of CVH's responsibility to comply with federal regulations for organ/tissue/eye donation by notifying LifeChoice, the OPO.
  - B. The pronouncing physician will notify the OPO within one hour following a patient death (*contact information follows*).
  - C. The pronouncing physician documents the phone call to the OPO in the Organ Donation portion of the Report of Death form ([CVH-595](#)).
  - D. The OPO is responsible for determining whether the patient is a suitable donor.
  - E. If no obvious contraindications exist, the OPO will contact the family to secure appropriate informed consent or provide disclosure from the legal next-of-kin. As part of the process for determining medical suitability, a medical and social history questionnaire will be completed.
  - F. Either the eye bank or the OPO will coordinate the administrative tasks required for organ/tissue procurement.
  - G. The involvement of the Medical Examiner's Office (required in certain deaths) does not preclude donation. The OPO or eye bank will facilitate contact with the Medical Examiner's Office to secure approval for donation.

## VII. Performance Improvement

- A. The Death Review subcommittee of the Medical Staff Peer Review Committee will monitor the pronouncing physician's documented call to the OPO to ensure that the patient's or family's wishes regarding organ/tissue/eye donation were honored.
- B. The Director of Ambulatory Care Services will maintain a record of potential donors whose names were submitted to the OPO, including the date the OPO was contacted and the name of the physician who made contact.
- C. Whenever actual donation activity has occurred LifeChoice will provide an annual report to the Director of Ambulatory Care Services of the conversion rate data as a reflection of the effectiveness of organ/tissue procurement based on a comparison of eligible donors to actual donors (expressed as a percentage). In a similar manner, whenever actual donation activity has occurred, CVH will provide LifeChoice a list of all deaths that occurred at CVH. LifeChoice will compare that list to all death referrals made to LifeChoice by CVH. This comparison will provide a referral rate for the hospital (expressed as a percentage).

### **Administrative Contact Information For:**

*LifeChoice Donor Services*  
*340 West Newberry Road, Suite A*  
*Bloomfield, CT 06002*

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**Fax:** (860) 286-3147

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**Phone:** (860) 286-3149  
**Fax:** (860) 286-3147

**Donor Referral Information:**  
**(800) 874-5215 or (860) 286-3120**

### **Parent Organization:**

**New England Donor Services**  
**60 1<sup>st</sup> Avenue**  
**Waltham, MA 02451**  
**Phone: (800) 446-6362**

**Alexandria Glazier, CEO and President**