



LOMA LINDA  
UNIVERSITY  
MEDICAL CENTER

# LOMA LINDA UNIVERSITY MEDICAL CENTER

## OPERATING POLICY

<b>CATEGORY:</b>	PROFESSIONAL PRACTICE	<b>CODE:</b>	Q-10
<b>SUBJECT:</b>	ORGAN/TISSUE DONATION FROM PATIENTS DETERMINED DECEASED BY NEUROLOGIC CRITERIA	<b>EFFECTIVE:</b>	08/2019
		<b>REPLACES:</b>	05/2018
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Related Policy:

[Determination of Death by Neurologic Criteria \(M-22\)](#)

Philosophy: Loma Linda University Medical Center (LLUMC) is dedicated to serving humanity by providing the opportunity and necessary avenues through which organ donation and transplantation can be made possible. At LLUMC it is the belief that the procedures surrounding the procurement of organs/tissues should be conducted in a manner that is both sensitive to and supportive of the donor family's grieving process as well as to the needs of the recipient family.

Definitions:

Organ donor:

A patient who has been declared dead by neurologic criteria, is maintained on an organ support system, and has an intact heartbeat. The patient may donate vascular organs, e.g., kidneys, heart, lungs, liver, pancreas, and small bowel, as well as tissues.

Anatomical gift:

A donation of all or part of a human body (including an implanted device) to take effect after the donor's death for the purpose of transplantation, therapy, research, or education.

Agent:

An individual who is authorized to make health care decisions on the principal's behalf by power of attorney for health care (provided the power of attorney expressly permits the agent to make an anatomical gift); or an individual who is expressly authorized to make an anatomical gift on the principal's behalf by any other record signed by the principal.

Decedent:

A deceased individual whose body or part may be the source of an anatomical gift.

Next of kin:

The following categories of persons in order of priority:

- a. The agent of the donor, provided the power of attorney for health care or other record expressly permits the agent to make an anatomical gift.
- b. The spouse or registered domestic partner of the decedent
- c. Adult children of the decedent

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- d. Parents of the decedent (or legal guardian, where decedent is a minor).
- e. Adult siblings of the decedent
- f. Adult grandchildren of the decedent
- g. Grandparents of the decedent
- h. An adult who exhibited special care and concern for the decedent during the decedent's lifetime.
- i. The persons who were acting as the guardians or conservators of the decedent at the time of death
- j. Any other person having authorization or under obligation to dispose of the body

**NOTE:** In situations in which there is more than one person within the highest available approval category making the decision to donate organs and/or tissues, consent cannot be given where any member of that category objects to the donation.

**Organ Procurement Organization:**

Designated by the Secretary of the U.S. Department of Health and Human Services as an organ procurement organization.

**Procurement Organization:**

An eye bank, organ procurement organization, or tissue bank.

**Designated requestor:**

A Procurement Organization representative working in collaboration with the LLUMC care team.

**Imminent brain death:**

The condition of a severely brain-injured, ventilator-dependent patient with either clinical findings consistent with a Glasgow Coma Score of 5 or less, absence of one or more brain stem reflexes and fixed/dilated pupils, or a plan to discontinue mechanical/pharmacological support. (Center for Medicare and Medicaid Services and the Association of Organ Procurement Organizations)

**Timely:**

(per CMS guidelines) LLUMC contacts the Procurement Organization by telephone as soon as possible after the patient has died, has been placed on a ventilator due to severe brain injury, or who has been declared brain dead, ideally within one hour.

1. LLUMC shall comply with the Medicare Conditions of Participation regarding organ and tissue transplantation.
2. The responsibilities of the physician and staff of LLUMC shall include:
  - 2.1 Timely identification of potential organ donors
  - 2.2 Notification to Procurement Organization of all deaths and imminent brain deaths, beginning at gestational age of 36 weeks, and referral for medical evaluation

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NOTE: Referral of a potential donor does not constitute a commitment on the part of the referring physician, LLUMC, or the donor family. If the donor family clearly states that they do not wish to donate organs and do not wish to be approached by Procurement Organization personnel, those wishes will be honored.

2.3 Declaration of brain death, to include (reference Policy [Determination of Death by Neurologic Criteria \(M-22\)](#) for details of brain death determination):

- a. Declaration by a licensed physician, using the defined neurologic criteria with documentation of such in the medical record, including date and time of declaration
- b. Confirmation by a second licensed physician with documentation of such in the medical record, including date and time of declaration. This second brain death note shall be considered the time of death.

NOTE: Neither of the physicians declaring/confirming brain death shall assist in the recovery or transplantation of the donated organs/tissue.

2.4 Meeting with the next of kin to inform him/her of the patient's brain death, with no possibility of recovery.

NOTE: The subject of organ/tissue donation is not mentioned at this time.

2.5 Initiating a collaborative meeting between a Procurement Organization representative and the LLUMC care team to discuss family understanding of brain death, to identify cultural, social, and spiritual needs, and to decide upon a method of approach regarding organ/tissue donation that will be discreet and sensitive to family needs.

2.6 Medical management of the patient in a manner to maintain organ viability until such time as the Procurement Organization has obtained consent for organ/tissue donation.

NOTE: Consultation may be given as necessary after the Procurement Organization has assumed medical management.

2.7 Notifying the Coroner's Office for reportable cases (reference Policy [Deaths Reportable to Coroner \(Q-20\)](#)).

3. Responsibilities of the Procurement Organization shall include:

3.1 Determining suitability of donors after consultation with the attending physician/designee

- 3.2 Approaching the next of kin and offering the option of organ/tissue donation after notification from the patient's physician that the family has reasonable understanding of the patient's brain death and prognosis

NOTE: Transplant surgeons and staff are precluded from contacting next of kin or other family members. However, another employee of LLUMC or member of the medical staff is available to the potential donor's family throughout the process of discussion and consent. This may, for example, be a nurse, social worker, physician, chaplain, etc.

- 3.3 Obtaining consent or refusal from the next of kin and, if indicated, from the coroner
- 3.4 Assuming medical management of the donor after consent is obtained and documenting as appropriate in the medical record
- 3.5 Assuming all costs after consent is obtained
- 3.6 Notifying the physician and family of donor unsuitability if the patient has already been identified as a donor
- 3.7 Returning the donor's medical management to LLUMC if the coroner denies consent or the donor is found to be unsuitable.

4. Consent and/or revocation of consent shall be indicated as follows:

- 4.1 An adult individual who has signed up on a State Donor Registry has consented to Organ and Tissue donation upon their death. In the absence of an express, contrary indication by the donor, a person other than the donor is barred from making, amending, or revoking an anatomical gift of a donor's body or part if the donor made an anatomical gift of the donor's body or part. A copy of this consent shall be placed in the decedent's medical record. Special attention shall be made to the "limitations" section, which outlines the individual's restrictions. The decedent's next of kin will be presented with acknowledgement of registration status and shall have all of their questions answered.

NOTE: Failure to provide documentation for an anatomical gift in advance does not constitute an objection to donating an anatomical gift.

- 4.2 Where consent is obtained from a next of kin and another next of kin of the same category (see definition above) makes an objection, a gift may be made only where all next of kin of the category agree to the donation.
- 4.3 Only the Organ Donor may make an anatomical gift of all or part of his body (including a pacemaker), if it is known that the individual, at the time of death, was a member of a religion, church, sect or denomination that relies solely upon prayer for healing of

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disease or that has religious tenets that would be violated by the disposition of the human body or parts for purposes of transplantation, therapy, research or education.

- 4.4 Consent shall be obtained only by a trained Procurement Organization representative.
- 4.5 A donation may be allowed on rare occasions when a potential donor has no available next of kin, but only after a diligent search has been made by the Social Work Department as outlined in the California Uniform Anatomical Gift Act (California Health and Safety Code, Section 7150 et seq.).
- 4.6 During the life of the Organ Donor, only the Organ Donor or the Organ Donor's Agent, provided the power of attorney for health care or other record expressly permits the Agent to make an anatomical gift, may make an anatomical gift (anatomical gifts authorized by other categories of next of kin are not effective until after death).
- 4.7 An anatomical gift authorized by a person as next of kin may be revoked orally or in a record by any member in a prior class who is reasonably available if, before an incision has been made for the removal of a part from the body of the decedent, the Procurement Organization, the physician, surgeon, technician, or enucleator removing the part knows of the revocation.
- 4.8 Release from the coroner shall be required in all coroners' cases prior to organ procurement, even if the next of kin has given consent to procurement.
- 4.9 In the event of disagreement or misunderstanding regarding Organ and Tissue donations, consultation from the Clinical Ethics Service may be requested.
5. All potential organ/tissue donor referral activities shall be reviewed biannually at the Organ Procurement Committee, or more frequently when necessary, to address identified issues.
6. Administrative Procedure Q-10-A shall be followed for all activities related to organ/tissue donation.

Reference:

Uniform Anatomical Gift Act

CHA chart [Consent for Medical Treatment of Adults](#)

Transplant involving patients deceased after cardiac death addressed in [Organ/Tissue Donation After Cardiac Death \(Q-25\)](#)

**APPROVERS:** Hospital Executive Leadership, LLUMC Board, LLUMC Chief Executive Officer, LLUMC Ethics Committee, LLUMC Medical Staff President and Chair of MSEC, Senior VP, Patient Care Services



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## ADMINISTRATIVE PROCEDURE

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INITIATOR OF ACTION	ACTION
Patient's Nurse/Unit Secretary/Physician	<ol style="list-style-type: none"> <li>1. Contacts designated organ/tissue procurement agency regarding potential organ donors and all deaths.</li> <li>2. Provides information as requested by the procurement agency, if available and as time permits.</li> </ol>
OPO	<ol style="list-style-type: none"> <li>3. Discusses suitability of donor with attending physician/designee.</li> </ol>
Two Physicians (not members of the Transplant Team)	<ol style="list-style-type: none"> <li>4. Document brain death in patient's medical record</li> <li>5. Discusses with next of kin patient's brain death and prognosis.</li> </ol>
OPO	<ol style="list-style-type: none"> <li>6. Reviews chart to assess status of patient and completeness of brain death documentation.</li> </ol>
	<b><u>IF NEXT-OF-KIN AVAILABLE</u></b>
OPO	<ol style="list-style-type: none"> <li>7. Contacts next-of-kin at or near time of death, regarding suitable organ/tissue donation from the deceased patient to ask:               <ol style="list-style-type: none"> <li>7.1 Whether deceased had expressed a desire to make an organ/tissue donation, and</li> <li>7.2 If the person authorized to dispose of the remains is aware of the option to donate the deceased's organs/tissues.</li> </ol> </li> <li>8. Documents communication, including any transfer of the body</li> </ol>

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\* Pursuant to California Uniform Anatomical Gift Act, Health and Safety Code, Sections 7150-7157 and Section 7184.

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<b>INITIATOR OF ACTION</b>	<b>ACTION</b>
	<p>to an off-site facility for tissue (NOT organ) recovery.</p> <p>9. Provides consultation and/or assistance when contacting families, answering questions regarding organ donation process.</p> <p>10. Obtains authorization from next-of-kin and completes the appropriate organ/tissue donation form.</p> <p>10.1 If tissue recovery will be done at an off-site facility, authorization for moving the body will be included.</p>
	<p><u>IF NEXT-OF-KIN IS NOT AVAILABLE FOR SIGNATURE</u></p>
OPO	<p>11. Identifies self to next-of-kin by telephone; informs the person that another person is witnessing the conversation or that a tape recording of consent is being made.</p> <p>12. Has next-of-kin identify self by name, and indicate relationship to the deceased and which organs/tissue(s) are offered for donation.</p> <p>13. Documents the decision of next-of-kin in deceased patient's medical record and gets co-signature of witness.</p>
Nursing Staff/Social Worker	<p>14. If unable to locate next-of-kin (for all deaths), contacts coroner and Social Work Department to begin a diligent search; documents notification of the designated organization.</p>
	<p><u>IF CONSENT IS GIVEN</u></p>
MD/RN	<p>15. Completes coroner portion of the "Deceased Patient Record."</p> <p>16. Contacts the coroner in cases of reportable death or imminent death by neurologic criteria.</p>
OPO	<p>17. Requests release from coroner of the organ(s)/eyes and multiple tissue(s) that the next-of-kin has consented to donate.</p> <p>18. Provides orders for medical management.</p> <p>18.1 Orders appropriate tests to determine organ(s) suitability.</p> <p>18.2 Confers with attending physician/resident for assistance, if needed.</p>

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<b>INITIATOR OF ACTION</b>	<b>ACTION</b>
	19. Calls unit secretary to make copies of chart for each organ recovery team and for coroner's office.
	20. Arranges for placement of organs with other transplant centers, if indicated.
	21. Coordinates operating room (OR) time with recovery teams and OR personnel; notifies Eye and Tissue Bank representative of OR time.
	22. Arranges initiation of temporary privileges for visiting teams with OR staff.
Nursing Personnel	23. Provides 1:1 nursing bedside care of donor until procurement can be arranged.
	<u>HONOR WALK</u>
OPO	24. Asks the patient's family/representative if they would like an Honor Walk  24.1 If an Honor Walk is desired, implement procedure in attachment Q-10.B
	<u>AFTER ORGAN PROCUREMENT</u>
OPO	25. Arranges with designated tissue teams for tissue recovery. Delays transfer of body until Tissue Procurement Coordinator has coordinated the recovery of tissue(s) in OR with OR staff.
	26. Arranges for another space in hospital if OR is not available for tissue recovery.  26.1 In some instances, the tissue recovery will be done at an off-site facility (see below)
	<u>If Organ-Only Donor</u>
OPO	27. Notifies Health Information Systems (HIM) clerk that procurement is completed.
OPO/Unit Staff	28. Notifies mortuary/coroner to transfer the body.
	<u>FOLLOWING ORGAN/TISSUE PROCUREMENT AT LLUMC</u>
OPO	29. Notifies HIM decedent affairs death clerk that procurement is completed.

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<b>INITIATOR OF ACTION</b>	<b>ACTION</b>
OPO/Unit Staff	30. Notifies mortuary/coroner to transfer the body.
OPO	31. Sends operating reports to HIM to be placed in donor's chart.
	32. Sends copy of consent and death notification receipt to HIM to be placed in donor's chart.
	<u>TISSUE PROCUREMENT AT OFF-SITE FACILITY</u>
OPO	33. Notifies Hospital Staff and patient family/representative that the body will be discharged
	34. Obtains/confirms authorization to discharge the body to the off-site facility for the purpose of tissue recovery
	34.1 Obtains coroner clearance if necessary for discharge
	35. Contacts Decedent Affairs to inform HIM that the decedent will be removed from the facility for tissue recovery, and to request copy of medical record
Unit/OR Staff	36. Signs release for removal of body
Dispatch	37. Transports body to the morgue
OPO	NOTE: The OPO may transport the body directly rather than after Dispatch first takes it to the morgue.
	38. Signs release form
	38.1 Copy of release form will be provided to the OPO, original will be sent to HIM or left with Dispatch when the body is retrieved (Dispatch to then send the form to HIM).
	39. Transports the body to the off-site location for procurement.
HIM	40. Scans the form into the medical record

Reference Policy [Deceased Patient Management \(M-27\)](#)



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## ADMINISTRATIVE PROCEDURE

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INITIATOR OF ACTION	ACTION
OPO	<ol style="list-style-type: none"><li>1. Learns from the family if they would like an honor walk</li><li>2. Arranges OR time and notifies Unit Secretary/Unit Staff of the time and family decision</li></ol>
Unit Secretary/Unit Staff	<ol style="list-style-type: none"><li>3. Contacts:<ol style="list-style-type: none"><li>3.1 Nurse Manager/House Supervisor</li><li>3.2 Chaplain</li><li>3.3 Child Life Specialist (if there are children under the age of 18 involved)</li><li>3.4 Security</li><li>3.5 Senior Resident (ask SR to notify attending and other residents)</li><li>3.6 Lead Respiratory Therapist</li></ol></li></ol>
Chaplain	<ol style="list-style-type: none"><li>4. Meets with the family and asks if they would like to have a prayer together at the elevator at the end of the Honor Walk<ol style="list-style-type: none"><li>4.1 Contacts Social Work if the family does not want to interact with the Chaplain/have spiritual care</li></ol></li></ol>
Unit Secretary/Unit Staff	<ol style="list-style-type: none"><li>5. Day Shift: Calls Operator Services 15 minutes before the Honor Walk will begin.<ol style="list-style-type: none"><li>5.1 Night Shift: Calls adjoining units to let them know about the pending Honor Walk</li></ol></li></ol>

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<b>INITIATOR OF ACTION</b>	<b>ACTION</b>
Operator Services	6. Day Shift: Plays the designated audio file and makes the overhead announcement: "Honor Walk, Unit ____ in 15 minutes. Unit ____."
Hospital Staff	7. Line up along the hall from the patient's room to the OR elevator
Chaplain/Social Work	8. 15 minutes after the announcement is made, accompany family, along with any other staff member who is close to the family. Prays with family and those present at the elevators if the family has chosen to do this