



Trillium
Gift of Life
Network

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Hospital Resource Document for Accreditation Canada Deceased Donation Standards



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Trillium Gift of Life Network has developed this resource document for Ontario hospitals undergoing Accreditation. The “suggested activities” have been collected from hospital practice across Ontario to aid others in meeting the standards outlined by Accreditation Canada.

The donation standards reflected in this document are in effect as of January 2016. As TGLN learns more details related to hospitals’ experiences with these standards, we will endeavor to update the strategies outlined in the “suggested activities” section.

Accreditation Specialists at Accreditation Canada should be contacted by hospitals for any specific questions regarding the stated standards as TGLN are not Accreditation experts. In the event that the information in this resource document is incongruent with the direction by Accreditation Canada, please contact TGLN so that we can clarify the discrepancy with our contacts at Accreditation Canada and update the resource document accordingly.

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Glossary – List of standard acronyms

ADT- Admission – Discharge –Transfer

AOC- Administrator on call

CCDT-Canadian Council on Donation and Transplantation

CMO-Chief Medical Officer

DCD-Donation after Cardiac Death

DSP-Donation Support Physician

EOL-End of Life

HD-Hospital Development

HDP-Hospital Donation Physician

NDD-Neurological Determination of Death

OPO-Organ Procurement Organization

OTDC-Organ and Tissue Donation Coordinator

PRC-Provincial Resource Centre

RCD-Registered Consent Decision

RML-Regional Medical Lead

RNR-Routine Notification and Request

SOP-Standard Operating Procedure

TGLN-Trillium Gift of Life Network

TOR-Terms of Reference

TSP-Transplant Support Physician

WLST-Withdrawal of Life-Sustaining Therapies

1.0 SERVICES ARE DESIGNED COLLABORATIVELY TO MEET THE NEEDS OF CLIENTS AND THE COMMUNITY.

1.1 Services are co-designed with clients and families, partners, and the community.

Suggested Activities to Demonstrate Compliance

Hospitals may have existing mechanisms to co-design services. Consider donor family, transplant recipient or dialysis representative (on the waitlist) to join the Organ and Tissue Donation committee. Reach out to local community groups with a connection to organ and tissue donation for their input or feedback on initiatives.



TGLN Tools & Resources

Trillium Gift of Life Network has contact information for partner organizations such as the Kidney Foundation of Canada, as well as volunteers that have a recipient or donor family perspective. Organ and Tissue Donation policy(s) are consistent with Ontario legislation and current practices including Donation after Cardiocirculatory Death for organ donation and current 'Call-Screen-Connect processes' for tissue. These policies and practices ensure every donation opportunity is identified and pursued, and that every potential donor family is treated equitably.

1.2 Information is collected from clients, families, partners, and the community to inform service design.

Suggested Activities to Demonstrate Compliance

Representatives from the hospital attend Donor Family Recognition Ceremonies to understand donor family perspectives. Donor families are invited to speak about their experience at the hospital. Client and family surveys include questions related to donation services when appropriate.



TGLN Tools & Resources

TGLN collects data on practices influencing donation outcomes and families' reason for decline. Modifiable factors are considered when implementing new practices and are shared with hospitals. Examples of how hospitals have incorporated information from clients and partners may be available from TGLN.

1.3 Organ and tissue donation is part of the organization's strategic priorities.

Suggested Activities to Demonstrate Compliance

The hospital has a designated Organ and Tissue Donation Committee that has a reporting structure to senior hospital leadership. Organ donation is linked to the hospital's mission in the organ and tissue donation policy. Evidence of discussion and monitoring of goals and objectives related to organ donation are present in senior level meetings (e.g. standing agenda items, performance metrics on balanced scorecard).



TGLN Tools & Resources

Senior and Clinical Leadership are available to provide support and Trillium Gift of Life Network provides provincial benchmarks and suggested strategies to improve donation outcomes (e.g. best practices). Long term strategic priorities are identified by TGLN and shared with hospitals.

- 1.4 Policies for both organ and tissue donation are developed with input from clients and families.

Suggested Activities to Demonstrate Compliance

Consider a donor family, transplant recipient or dialysis representation (on the waitlist) to be a member on the Organ and Tissue Donation committee. Organ and Tissue Donation policy(s) are consistent with Ontario legislation and current practices including Donation after Cardiocirculatory Death for organ donation and current 'Call-Screen-Connect processes' for tissue. This includes identified mechanisms for supporting multi-tissue recoveries.



TGLN Tools & Resources

TGLN may have a list of volunteers with recipient or donor family experience to be part of the committee. The *Organ and Tissue Donation Policy and Program Development Guidelines*, *Call-Screen-Connect Manual*, *The Paediatric Donation Resource Manual*, and *Donation Resource Manual* are available to hospitals and contain information on current practices. The Director/Manager of Hospital Programs and/or a Hospital Development Coordinator can assist in understanding TGLN legislation and processes specific to hospital designation.

- 1.5 A policy on donation after cardio-circulatory death (DCD) is developed with input from clients and families.

Suggested Activities to Demonstrate Compliance

The Organ and Tissue Donation policy(s) are consistent with Ontario legislation and current practices including DCD for organ donation. Feedback on DCD family donation experiences are reviewed and considered. Reasons that families decline DCD donation are considered in policies and practice to address modifiable factors in order to remove barriers to donation.



TGLN Tools & Resources

Feedback from families approached for DCD impacting provincial policies are communicated to the hospitals. In Ontario, the hospital Organ and Tissue Donation policy should include DCD. TGLN can provide background material regarding DCD, including a DCD policy template. Presentations and consults can be arranged with physicians with DCD experience and the TGLN Regional Medical Leads (RMLs), TGLN Hospital Donation Physicians (HDPs), TGLN Donation Support Physicians (DSPs), or the TGLN CMO (Chief Medical Officer). The Canadian Council on Donation and Transplant Recommendations on DCD are also available as a resource to hospitals.

- 1.6 If DCD is not carried out by the organization, there is a process for responding to family requests for DCD.

Suggested Activities to Demonstrate Compliance

Ontario's donation practice includes the opportunity for DCD at all hospitals as a standard part of end-of-life care.



TGLN Tools & Resources

A template for an organ and tissue donation policy that includes DCD is available from TGLN. For active cases, TGLN has senior clinical leadership, including an administrator on call (AOC) and a DSP that can assist hospitals in supporting requests for DCD at any time, day or night 24/7. In addition, TGLN RMLs are available to help the HDP work through barriers or challenges with process to ensure a successful outcome for the donor, consented families and the health care team.

- 1.7 Service-specific goals and objectives are developed, with input from clients and families.

Suggested Activities to Demonstrate Compliance

Hospitals may have existing mechanisms to provide input on service specific goals. Donation goals set by hospitals include 1) ensuring registered donation status is known prior to WLST 2) honouring registered consent decisions 3) ensuring that all eligible donor families are approached and given the opportunity to donate 4) supporting families to ensure there are no barriers to donation moving forward.



TGLN Tools & Resources

Hospital Programs at TGLN provides feedback and data on compliance with RNR, critical incidents involving RCD and missed approaches to provide metrics for goals.

- 1.8 Goals should include identifying and referring every potential donor.

Suggested Activities to Demonstrate Compliance

Staff have knowledge of when to contact TGLN through the Call-Screen-Connect process for organ and tissue donation, and provincial clinical triggers/referral indicators for both vented and non-vented patients. Processes are in place to provide this information at orientation and to have resources visible for staff to consult.



TGLN Tools & Resources

TGLN has a Call Screen Connect algorithm, posters, and badge cards available for staff. TGLN can provide statistics on death notification, organ referrals (including timing) and outcomes. TGLN can also provide statistics on missed referrals/notifications and share definitions of measurements with hospitals used throughout the donation process. TGLN Coordinators provide education to hospital staff as requested.

- 1.9 Services are reviewed and monitored for appropriateness, with input from clients and families.

Suggested Activities to Demonstrate Compliance

Consider a donor family, transplant recipient or dialysis representation (on the waitlist) to be a member on the Organ and Tissue Donation committee. Reach out to local community groups with a connection to organ and tissue donation for their input or feedback on initiatives.



TGLN Tools & Resources

TGLN may have a list of local volunteers with recipient or donor family experience to be part of the committee.

- 1.10 Donor services are coordinated across the continuum with organ procurement organizations (OPOs), tissue banks, and transplant centers.

Suggested Activities to Demonstrate Compliance

TGLN is the OPO and performs this function in Ontario.



TGLN Tools & Resources

Not applicable.

- 1.11 A written agreement is established with at least one specific OPO.

TGLN is the only OPO in Ontario and legislation states TGLN has the authority to designate hospitals establishing a formal working relationship. Written agreements are not required at this time.



TGLN Tools & Resources

Not applicable.

- 1.12 An up-to-date list of healthcare professionals from transplant programs that are authorized to accept and receive organs on behalf of the transplant program is maintained. CSA Reference: Z900.2.3-03, 18.3, 18.4

Suggested Activities to Demonstrate Compliance

Where a hospital has transplant services, the transplant program is responsible for making this available to TGLN. This is not relevant for donation only hospitals.



TGLN Tools & Resources

Not applicable.

- 1.13 Information on services is available to clients and families, partner organizations, and the community.

Suggested Activities to Demonstrate Compliance

Hospitals provide information regarding TGLN and their donation program on their intranet and/or websites. As well, certain areas within the hospital may display brochures with organ and tissue donation information or pamphlets on how to register your donation consent decision at beadonor.ca. (E.g. waiting rooms, admitting or in the lobby)



TGLN Tools & Resources

TGLN can share examples of this type of materials with hospitals.

- 1.14 Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed, where possible, with input from clients and families.

Suggested Activities to Demonstrate Compliance

To facilitate communication regarding the donation process between TGLN and clients/families, hospitals access procedures for translators, and/or have access to technology such as conference calls to enable use of Language Line for families not at the hospital. Barriers to access are reviewed at the committee level and a process to try to remove the barriers is put in place moving forward.



TGLN Tools & Resources

Data on missed referrals for tissue (RNR compliance) and missed organ referrals/approaches are provided back to the hospital by TGLN.

2.0 A DONATION COMMITTEE AND CHAMPIONS OR LEADERS IS ESTABLISHED WITH THE INPUT FROM CLIENTS AND FAMILIES

- 2.1 The donation committee that is responsible for monitoring and improving the quality of the donation program is established with input from clients and families.

Suggested Activities to Demonstrate Compliance

Consider a donor family, transplant recipient or dialysis representative (on the waitlist) to join the Organ and Tissue Donation committee. All documentation that relates to organ and tissue donation committee activity is available for review. This may include membership lists, terms of reference, meeting agendas, and minutes. Agenda and minutes provide evidence of client and family consultation.



TGLN Tools & Resources

TGLN has templates for Donation Committee terms of reference and a recommended membership list for the committee.

- 2.2 Donation data is regularly reviewed by the donation committee and this information is reported to the organization's senior leadership with recommended strategies for improvement.

Suggested Activities to Demonstrate Compliance

The Organ and Tissue Donation committee meetings occur regularly and maintain a record of agenda items, reviewing statistics and minutes with action and follow-up items noted. The reporting responsibility of the committee includes a direct report to a member of senior leadership. The committee shares metrics with the CEO, V.P. and other senior leadership on a regular basis through a regular reporting method.



TGLN Tools & Resources

TGLN provides Health Record Review data and performance benchmarks as well as current data on donation activity. Hospitals participate in validation of data prior to finalization of performance metrics. Tools for validation and educational webinars are available from TGLN.

- 2.3 Champions or leaders to promote donation are appointed.

Suggested Activities to Demonstrate Compliance

The hospital has responded to TGLN's request for donation leads including: Executive Lead, Operational Lead, and appointing a Hospital Donation Physician. There is a process in place to replace the lead or HDP when a vacancy arises.



TGLN Tools & Resources

TGLN has formal role profiles for the two leads and the HDP.

3.0 SUFFICIENT RESOURCES ARE AVAILABLE TO PROVIDE SAFE, HIGH-QUALITY, AND CLIENT-CENTERED SERVICES.

- 3.1 Resource requirements and gaps are identified and communicated to the organization's leaders.

Suggested Activities to Demonstrate Compliance

Policies and/or protocols are in place to ensure a bed in ICU for a potential donor, policy indicates OR priority booking and a process for accessing a second physician is available for DCD donation. Processes are in place to obtain testing after hours. Committee minutes indicate gaps in process and these are escalated to senior leadership if they can't be addressed at committee level.



TGLN Tools & Resources

TGLN Clinical leadership can provide examples of solutions to resource gaps by sharing what other hospitals have put in place.

- 3.2 Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.

Suggested Activities to Demonstrate Compliance

Minutes show that technology and information system needs are identified at committee levels and communicated to senior leadership via email, telephone or in person.



TGLN Tools & Resources

TGLN can arrange peer to peer consult with other hospitals that have identified solutions to these gaps.

- 3.3 Donation team members are provided with communication devices, e.g. pagers and cell phones, to rapidly relay and coordinate donation opportunities.

Suggested Activities to Demonstrate Compliance

TGLN provides cell phones to their coordinators. The organization ensures a fax and telephone are available to the TGLN coordinator. Where the TGLN coordinator has a hospital based office, a telephone and internet service are provided. Priority location is given to the coordinator to be located near critical care.



TGLN Tools & Resources

TGLN will provide requirements for office equipment if a coordinator is based in the hospital. TGLN provides cell phones to their coordinators.

- 3.4 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.

Suggested Activities to Demonstrate Compliance

There is a mechanism in place that enables input on the appropriate mix of skill level and experience for care from clients and families in end of life care or donor situations. (E.g. feedback from donor families or family representative on the committee should be obtained to assess availability of services-skill mix)



TGLN Tools & Resources

TGLN can provide literature/presentation on needs identified by donor families.

- 3.5 ICU space, and laboratory and diagnostic services required to deliver effective donation services are available to the team. CSA Reference: Z900.1-03, 4.2

Suggested Activities to Demonstrate Compliance

Processes are in place to access required tests after hours. For hospitals with an in-house coordinator, an office within the ICU or close proximity is important to provide optimal support. Space to keep required specimen transport bags or TGLN laptops are provided upon request.



TGLN Tools & Resources

TGLN will communicate with Operational Leads regarding any requirements.

- 3.6 There is private space near the ICU for the donation team to meet with donors' families.

Suggested Activities to Demonstrate Compliance

A private space (and telephone) is available for the donation discussions and medical-social history questionnaire interviews with families, including the TGLN telephone consent process for tissue exclusive donors.



TGLN Tools & Resources

The TGLN *Optimal Donation Discussion Guidelines* (Donation Resource Manual) indicate a private setting is part of an optimal discussion and should be arranged whenever possible.

- 3.7 Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.

Suggested Activities to Demonstrate Compliance

Client/family input is considered when designing/organizing private meeting space. A private space (and telephone) is available for the donation discussions and medical-social history questionnaire interviews with families, including the TGLN telephone consent process for tissue exclusive donors.



TGLN Tools & Resources

The TGLN *Optimal Donation Discussion Guidelines* (Donation Resource Manual) indicate a private setting is part of an optimal discussion and should be arranged whenever possible.

- 3.8 Dedicated freezers are available for proper storage of tissue.

Suggested Activities to Demonstrate Compliance

This is a Tissue Bank Responsibility and applies to only organizations that have a tissue bank on-site.



TGLN Tools & Resources

No tools or resources are required from TGLN. The Tissue Banks must comply with CSA (Canadian Standards Association) standards as per Health Canada regulations.

- 3.9 Storage conditions are regularly monitored to ensure that they maintain organ viability and tissue sterility.

Suggested Activities to Demonstrate Compliance

This is a TGLN and/or Tissue Bank Responsibility.



TGLN Tools & Resources

No tools or resources are required from TGLN. TGLN and the Tissue Banks must comply with CSA standards as per Health Canada regulations.

- 3.10 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.

Suggested Activities to Demonstrate Compliance

Discussions related to resources, space and staffing impact on families and donation are minuted in committee minutes.



TGLN Tools & Resources

The OTDC/HD is available to discuss case specific concerns related to the above.

- 3.11 A universally-accessible environment is created with input from clients and families.

Suggested Activities to Demonstrate Compliance

Hospital based accessibility is compliant with the Accessibility for Ontarians with Disabilities Act legislation.



TGLN Tools & Resources

TGLN has a process to obtain an interpreter via access to language line to provide interpretation if needed. Printed material is also available regarding donation in several languages.

4.0 THERE ARE STANDARD OPERATING PROCEDURES (SOPS) FOR ALL ASPECTS OF THE DONATION PROCESS

- 4.1 An SOP manual is available to all members of the donation team. CSA Reference: Z900.1-03, 6.1.

Suggested Activities to Demonstrate Compliance

The staff is aware of how to locate the organ and tissue related policies and procedures in the hospital.



TGLN Tools & Resources

The provincial policy is provided to hospitals.

- 4.2 The SOP manual is dated and signed by the Medical Director or designate. CSA Reference: Z900.1-03, 6.1.

Suggested Activities to Demonstrate Compliance

A process is in place for obtaining the appropriate signatures and the date of creation/revision is present on all donation policies and procedures in the organization. SOPs related to OPO specific activities are the responsibility of TGLN/OPO.



TGLN Tools & Resources

The TGLN *Organ and Tissue Donation Policy and Program Development Guidelines* is available and TGLN can support content development specific to donation practices.

- 4.3 Each SOP contains the title and purpose, a unique identification number, the date it was implemented or revised, the signature of the authorizing person(s) and the date of authorization, the steps to be followed in the procedure and who is responsible for checking, reviewing and approving the SOP. CSA Reference: Z900.1-03, 6.2

Suggested Activities to Demonstrate Compliance

Donation policies/procedures are in the standardized format for hospital policies and procedures, and a routine process for periodic review and revision is in place. Dates of approval and reviews are part of the template.



TGLN Tools & Resources

The process for developing, reviewing and approving donation policies and procedures varies from organization to organization.

- 4.4 There are specific SOPs on the qualifications and responsibilities of the donation team members; requirements for patient care plans; making referrals to the OPO; assessing donor suitability; managing donors; time intervals for retrieving, preserving and storing organs and tissues; preparing and processing tissues; retrieving organs and tissues; handling medical

examiner's or coroner's cases; exceptional distribution; sterilizing instruments; and record keeping for organs, tissues, reagents and supplies.

Activities that Demonstrate Compliance

The hospital policies/protocols include provision for care plans for clinical management and family approach, including how this information is documented and communicated for donation activities in the Critical Care areas, Emergency Department, Operating Room, and morgue. The donation process for non-ventilated units (if different than ventilated areas) is specified. TGLN will coordinate the recovery process and personnel involved are identified to the hospital. Interaction with the coroner in situations of donation is included as a TGLN responsibility to confirm permission. Hospital protocols include consideration of any hospital-based tissue banks and transplant activities (e.g. femoral head donation/banks and use of any donated human tissue in surgical programs). TGLN and the transplant programs are responsible for specific SOPs related to exceptional distribution.



TGLN Tools & Resources

The TGLN *Organ and Tissue Donation Policy and Program Development Guidelines* is available and TGLN can support content development specific to donation protocols and policies.

- 4.5 The Medical Director or designate informs and trains donation team members before implementing a new or revised SOP. CSA Reference: Z900.1-03, 6.4

Suggested Activities to Demonstrate Compliance

SOPs related to OPO specific activities are the responsibility of TGLN or OPO. Staff is provided with education on any changes related to the organ and/or tissue donation policies and process in the organization (Education is evidenced by sign-in or sign-off sheets).



TGLN Tools & Resources

TGLN has materials to assist in the education of hospital staff.

- 4.6 The training provided to the donation team on the SOPs is documented.

Suggested Activities to Demonstrate Compliance

Orientation agendas include information on the organ and tissue donation process. Evidence demonstrates that education is provided to staff for any changes in policies or procedures related to donation are available for review.



TGLN Tools & Resources

Samples of sign-in/sign-off sheets for education are available from TGLN.

- 4.7 Compliance with the SOPs is regularly reviewed by the Medical Director or designate.

Suggested Activities to Demonstrate Compliance

The committee or hospital has a process in place to review any reported activities that vary from leading practice. SOPs related to OPO specific activities are the responsibility of TGLN or OPO.



TGLN Tools & Resources

Samples of case review format are available from TGLN.

- 4.8 The effectiveness of the SOPs is annually reviewed and evaluated. Based on the results, the SOPs, training activities, or monitoring processes are changed as necessary. CSA Reference: Z900.1-03, 6.4.

Suggested Activities to Demonstrate Compliance

Documentation (SOP review date, meeting minutes, etc.) indicates review of donation related SOPs and revisions as needed. SOPs related to OPO specific activities are the responsibility of TGLN or OPO.



TGLN Tools & Resources

TGLN will communicate any changes in protocol or practice to hospitals to enable updates to organizational policy, protocols and hospital profiles. Tracking process varies from organization to organization.

- 4.9 Relevant SOPs are reviewed following a patient safety incident, changes in regulatory or legal requirements, internal or external audits and other situations as defined in the program's policies.

Suggested Activities to Demonstrate Compliance

A clear mechanism is in place to address sentinel or adverse events that are related to donation.



TGLN Tools & Resources

TGLN will participate in a debrief or case review for adverse or sentinel events related to donation.

- 4.10 All changes to the SOPs are tracked and version numbers are documented.

Suggested Activities to Demonstrate Compliance

Version numbers are clearly indicated and previous versions of donation policies and protocols are archived.



TGLN Tools & Resources

Tracking process varies from organization to organization.

- 4.11 New or revised SOPs are approved by the Medical Director or designate. CSA Reference: Z900.1-03, 6.4.

Suggested Activities to Demonstrate Compliance

There is a process in place for HDPs or MAC to review and approve policy and protocol changes. SOPs related to OPO specific activities are the responsibility of TGLN or OPO.



TGLN Tools & Resources

Tracking process varies from organization to organization.

5.0 TEAM MEMBERS ARE QUALIFIED AND HAVE RELEVANT COMPETENCIES

5.1 The donation program is supervised by a qualified Medical Director or designate.

Suggested Activities to Demonstrate Compliance

The organization has a physician designated to oversee donation. Examples include a Medical Director of Critical Care, HDP or Organ and Tissue Donation Chair.



TGLN Tools & Resources

TGLN's Chief Medical Officer (CMO), Regional Medical Lead (RML) is available to discuss any planning, procedures or concerns related to organ and tissue donation.

5.2 Required credentials, training, and education are defined for all team members with input from clients and families.

Suggested Activities to Demonstrate Compliance

Required credentials, training, and education varies by role and by hospital based on the level of critical care provided. Discussion at the committee level can provide guidance on the involvement/role of individuals and reflected in the policy. Feedback from clients and families on the training or skills in end of life care decisions and donation is obtained and reviewed.



TGLN Tools & Resources

Not applicable.

5.3 A donation coordinator is available at all times for donor referrals.

Suggested Activities to Demonstrate Compliance

TGLN's Provincial Resource Centre is available 24/7 via telephone to accept referrals/notifications.



TGLN Tools & Resources

TGLN resource binders provide contact information for 24/7 access.

5.4 The donation coordinator is a qualified licensed physician, a qualified registered nurse, or health care professional with two years of experience in a donation program or clinical health care environment. CSA Reference: Z900.2.3-03, 4.2.

Suggested Activities to Demonstrate Compliance

The Organ and Tissue Coordinator is a TGLN employee and TGLN ensures appropriate qualifications and training.



TGLN Tools & Resources

As this is TGLN's responsibility, no tools or resources are required for hospital support.

- 5.5 Newly recruited donation coordinators are oriented and trained on the standard operating procedures. CSA Reference: Z900.2.3-03, 4.2.

Suggested Activities to Demonstrate Compliance

While donation coordinators are TGLN's responsibility, the organization is to ensure that hospital policy and protocols are accessible to visiting TGLN Coordinators.



TGLN Tools & Resources

As this is TGLN's responsibility, no tools or resources are required for hospital support.

- 5.6 Credentials, qualifications, and competencies are verified, documented, and up-to-date.

Suggested Activities to Demonstrate Compliance

TGLN provides training and ensures proper qualifications of all of the Organ and Tissue Donation Coordinators. Credentials of recovery personnel from visiting transplant/tissue programs are available through a credential website.



TGLN Tools & Resources

This is a TGLN responsibility.

- 5.7 A comprehensive orientation is provided to new team members and client and family representatives.

Suggested Activities to Demonstrate Compliance

The organization integrates education on organ and tissue donation into orientation and re-certification days or skills fairs.



TGLN Tools & Resources

TGLN provides resources including presentations and videos for use in orientation and training.

- 5.8 Regular training and education about donation is provided to team members. CSA Reference: Z900.1-03, 4.2.

Suggested Activities to Demonstrate Compliance

The organization integrates education on organ and tissue donation into orientation and re-certification days or skills fairs.



TGLN Tools & Resources

TGLN provides resources including presentations and videos for use in orientation and training.

- 5.9 Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.

Suggested Activities to Demonstrate Compliance

Posters regarding support for major religions are available from TGLN. Information on how to support various end of life cultural and religious practices and proceed with donation are available from TGLN. End of life and/or ED/ICU care include organ and tissue donation. Recertification days or skills fairs, professional practice days include information and process review on organ donation. There is a formalized education or review session for M.D.s on an annual basis.



TGLN Tools & Resources

TGLN Hospital Programs team and the Education and Professional Practice group are available to support recertification days with material and/or quizzes.

- 5.10 Education and training are provided on the organization's care delivery model.

Suggested Activities to Demonstrate Compliance

Education on best practices in donation is incorporated into education days, presentations and recertification days.



TGLN Tools & Resources

Examples of signup sheets are available from TGLN.

- 5.11 Education and training are provided on the organization's ethical decision-making framework.

Suggested Activities to Demonstrate Compliance

Non-specific to donation.



TGLN Tools & Resources

TGLN can provide previous examples of how ethical concerns related to donation are addressed via DSP or Clinical Leadership consults.

- 5.12 Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.

Suggested Activities to Demonstrate Compliance

This is a non-donation specific standard. TGLN provides required training to staff for donation specific equipment.



TGLN Tools & Resources

Not applicable.

- 5.13 Education and training are provided on information systems and other technology used in service delivery.

Suggested Activities to Demonstrate Compliance

Non-specific to donation. TGLN provides required training to staff and provincial lab partners as required.



TGLN Tools & Resources

Not applicable.

- 5.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Suggested Activities to Demonstrate Compliance

Hospitals are responsible for ongoing performance management for the hospital staff team members.



TGLN Tools & Resources

Performance concerns that arise throughout the donation process are communicated between the hospital and TGLN to the appropriate manager to address any concerns.

- 5.15 As a part of their performance evaluation, donation team members demonstrate their competence. CSA Reference: Z900.1-03, 4.2.

Suggested Activities to Demonstrate Compliance

Performance review processes review compliance with donation leading practices and required education.



TGLN Tools & Resources

Leading donation practices are found in the Donation Resource Manual.

- 5.16 Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

Suggested Activities to Demonstrate Compliance

The hospital has a process in place for input feedback and input for donation and other processes.



TGLN Tools & Resources

Not applicable.

- 5.17 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.

Suggested Activities to Demonstrate Compliance

Non-specific to donation.



TGLN Tools & Resources

Not applicable.

- 5.18 Ongoing professional development, education, and training opportunities are available to each team member.

Suggested Activities to Demonstrate Compliance

Hospital support staff attendance at TGLN education sessions.



TGLN Tools & Resources

TGLN offers regional conferences bi-annually.

6.0 SERVICES ARE PROVIDED WITHIN A COLLABORATIVE TEAM ENVIRONMENT.

6.1 A collaborative approach is used to deliver services.

Suggested Activities to Demonstrate Compliance

Organ and Tissue Donation Committee membership includes members of the team present in donation situations. Multi-disciplinary team members are involved with the pre-approach plan/huddle to ensure optimal approach for consent. Calls and huddles are documented between TGLN and hospital.



TGLN Tools & Resources

A formal teleconference (huddle) can be arranged to work through complex donation issues (E.g. Family issues or OR timing)

6.2 The team works in collaboration with clients and families.

Suggested Activities to Demonstrate Compliance

Hospital staff strive to accommodate cultural or religious donation practices with the process. Information on how to support various end of life cultural and religious practices is available from TGLN.



TGLN Tools & Resources

Not applicable.

6.3 Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.

Suggested Activities to Demonstrate Compliance

There are role profiles for the Executive and Operational Leads as well as the Hospital Donation Physician. Hospital policies and protocols identify when referrals/notifications should occur and who is responsible for notifying TGLN. A defined protocol for approach to family includes a referral/notification to TGLN prior to approach and collaborating with a TGLN coordinator.



TGLN Tools & Resources

The TGLN *Organ and Tissue Donation Policy and Program Development Guidelines* manual is available and outlines the various hospital and OPO based responsibilities related to the donation process.

6.4 Standardized communication tools are used to share information about a client's care within and between teams.

Suggested Activities to Demonstrate Compliance

Non-specific to donation. For purposes of donation, a standard documentation location for charting the TGLN number is provided.



TGLN Tools & Resources

TGLN's Routine Notification sheet has a standardized spot for documenting the TGLN number and identifies communication for next steps and eligibility from TGLN.

- 6.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.

Suggested Activities to Demonstrate Compliance

As a standing agenda item, at the organ and tissue donation committee, the team reviews potential donor cases and approaches to identify opportunities for improvement. Hospital staff are familiar with the process to provide feedback to donation related team collaboration.



TGLN Tools & Resources

TGLN shares information on case outcomes and whether cases align with leading practice for donation.

7.0 WELL-BEING AND WORK-LIFE BALANCE IS PROMOTED WITHIN THE TEAM.

- 7.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.

Suggested Activities to Demonstrate Compliance

There is a forum/process for hospital staff to forward ideas or feedback on the hospital donation processes and the role they play, or any safety concerns. TGLN is responsible for the safety and well-being of coordinators.



TGLN Tools & Resources

TGLN is able to provide examples from other hospitals on donor staff assignments or peri-operative staff schedules.

- 7.2 There is a policy for maximum consecutive work hours.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for the organ and tissue donation coordinator. Hospitals should refer to HR policies regarding policy for maximum consecutive hours for hospital staff involved in the process.



TGLN Tools & Resources

Not applicable - this is a hospital based responsibility.

- 7.3 The policy for maximum consecutive hours is adhered to.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for the organ and tissue donation coordinator. Hospitals should refer to usual processes to audit maximum consecutive hours worked.



TGLN Tools & Resources

Not applicable – this is a hospital based responsibility.

- 7.4 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.

Suggested Activities to Demonstrate Compliance

There is a forum/process for hospital staff to provide input into how the work of staff is completed during the donor process (E.g. who is responsible for making the RNR calls).



TGLN Tools & Resources

Hospital programs can provide examples of how donation key processes are assigned at various hospitals.

- 7.5 Team members are recognized for their contributions.

Suggested Activities to Demonstrate Compliance

The Organ and Tissue Donation Committee participates in planning staff appreciation events. There is a designated area in the departments to post thank you letters from TGLN acknowledging hospital staff's role. Hospital newsletters or other mechanisms are used to celebrate and acknowledge staff's work with donation, as well as events such as the Beadonor Month, National Organ and Tissue Donation Week activities or Donor Family Recognition Events.



TGLN Tools & Resources

TGLN acknowledges staff participation in organ donation cases via thank you letters. TGLN Hospital Awards acknowledge top performing hospitals.

- 7.6 There is a policy that guides team members to bring forward complaints, concerns, and grievances.

Suggested Activities to Demonstrate Compliance

Hospital staff members are aware of who to report complaints and concerns and have a process in place to follow. TGLN is responsible for the Organ and Tissue Donation Coordinator.



TGLN Tools & Resources

TGLN has examples of hospital post-donation surveys.

- 7.7 Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for the Organ and Tissue Donation Coordinator. Hospitals should refer to HR policies regarding health and safety.



TGLN Tools & Resources

For hospital staff, this is a hospital based responsibility.

- 7.8 Education and training are provided on how to identify, reduce, and manage risks to client and team safety.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for the Organ and Tissue Donation Coordinator training. Hospitals should refer to HR policies regarding policy for risk management and patient safety.



TGLN Tools & Resources

For hospital staff, this is a hospital based responsibility.

- 7.9 Education and training are provided to team members on how to prevent workplace violence, including abuse, aggression, threats, and assaults.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for the Organ and Tissue Donation Coordinator. Hospitals should refer to HR policies regarding policy for workplace violence, abuse, aggression, threats, and assaults.



TGLN Tools & Resources

For hospital staff, this is a hospital based responsibility.

- 7.10 The organization's policy on reporting workplace violence is followed by team members.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for the Organ and Tissue Donation Coordinator. Hospitals should refer to HR policies regarding policy for workplace violence.



TGLN Tools & Resources

For hospital staff, this is a hospital based responsibility.

8.0 THE POTENTIAL DONOR'S FAMILY IS AIDED IN MAKING INFORMED CHOICES

8.1 The potential donor's wishes and declared intent about donation are respected.

Suggested Activities to Demonstrate Compliance

Hospital policy and procedures promote timely notification to TGLN to ensure information regarding a potential donor's declared intent is known prior to withdrawal of life-sustaining therapy. Hospitals have a process in place to follow up on missed notification calls to TGLN at death or imminent death to minimize the possibility of missing a registered consent decision.



TGLN Tools & Resources

Information on the process to access the donation registry, clinical triggers/referral indicator templates, the Call-Screen-Connect process and educational tools are available to hospitals.

8.2 In the absence of declared intent or wishes, potential donor's family is provided with enough information to make an informed choice.

Suggested Activities to Demonstrate Compliance

Hospital policy indicates that the family of every eligible donor be connected to a TGLN coordinator. The Coordinator will provide the needed information to make the decision to donate.



TGLN Tools & Resources

TGLN coordinators are available by phone/in person to work through family questions during the decision process. The information provided to families is detailed in the Donation Resource Manual.

8.3 In organizations that provide DCD, the option to donate is presented after the family has decided to withdraw life-sustaining treatment but before withdrawing life-sustaining treatment.

Suggested Activities to Demonstrate Compliance

Policies and procedures clearly outline the timing of the referral and the donation discussion with families (after the death or WLS discussion) with the acknowledgement that families may raise the topic of donation.



TGLN Tools & Resources

TGLN has DCD algorithms and a Donation Resource Manual available for hospital staff. In addition, the Organ and Tissue Donation Hospital template policy as well as the *Organ and Tissue Donation Policy and Program Development Guidelines* manual.

8.4 There is a process to verify that the information provided is understood by the potential donor's family.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for obtaining and confirming consent, which includes reviewing the information provided to the family to assure understanding of the donation process.



TGLN Tools & Resources

A copy of the TGLN consent form is offered to the family. Other resources include the *Understanding Neurological Death* booklet, and the *Gift of Organ and Tissue Donation: Giving the Gift of Life*.

- 8.5 Informed consent is obtained and documented in the client record prior to completing the suitability assessment.

Suggested Activities to Demonstrate Compliance

Policy indicates original consent (if obtained at hospital) is completed by TGLN staff and is included in the hospital medical record.



TGLN Tools & Resources

The TGLN consent form is available to organizations.

9.0 EACH DONOR'S FAMILY IS TREATED WITH RESPECT AND SENSITIVITY.

9.1 The need for families to grieve their loss is accommodated.

Suggested Activities to Demonstrate Compliance

Staff has knowledge of end-of-life care policy/practice and how donation is integrated. Policies include a pre-approach plan that includes assessing family grief. Introduction of the donation conversation is separated from the death conversation. Families have access to private/quiet rooms. Family is given the time needed to understand the patient's grave situation and or death. The staff takes into consideration any cultural or religious practice requests.



TGLN Tools & Resources

TGLN has a guideline for optimal family approach that includes pre-approach planning.

9.2 Grieving families are helped to access counselling and emotional support services.

Suggested Activities to Demonstrate Compliance

Donor families have access to hospital support services, reflected in end-of-life care policy/practice.



TGLN Tools & Resources

The TGLN *Paediatric Donation Manual* includes suggested end-of-life activities and bereavement support resources. As well, TGLN's Family Services provide a Grief Library brochure to donor families.

9.3 Access to spiritual space and care is provided to meet the family's needs.

Suggested Activities to Demonstrate Compliance

Spiritual care is available to meet the needs of families, as required. The TGLN coordinator will offer to help arrange access to a spiritual leader appropriate to the family's beliefs. Families will have access to a designated space to observe spiritual practice according to the individual hospital's capabilities.



TGLN Tools & Resources

Not applicable.

9.4 The potential donor's family is informed about their rights and any claims that their rights have been violated are investigated and resolved.

Suggested Activities to Demonstrate Compliance

Organizations have a process in place to follow-up on donation related concerns that include TGLN. TGLN is responsible for obtaining consent and ensures families have the information to understand what the decision to donate means.



TGLN Tools & Resources

The Director of Hospital Programs, the Hospital Programs team, which includes the Donation Coordinators, are available to follow-up on identified family concerns regarding consent.

10.0 A COMPREHENSIVE ASSESSMENT OF EVERY POTENTIAL DONOR IS CONDUCTED.

***TGLN is responsible for gathering the donor information. The hospital is responsible for providing access to the chart.**

- 10.1 Complete information about the potential donors and their history is obtained using standardized questionnaires. CSA Reference: Z900.1-03, 12.2, 12.3.

Suggested Activities to Demonstrate Compliance

TGLN is the OPO in Ontario and responsible for this action under Health Canada Requirements. This is not a hospital responsibility.



TGLN Tools & Resources

Not applicable.

- 10.2 Potential donors are screened using organ and tissue specific exclusionary criteria. CSA Reference: Z900.1-03, 13.1, Z900.2.3-03, 13.2, Z900.2.2-03, 13.1.

Suggested Activities to Demonstrate Compliance

Hospital staff have knowledge and prepare for the preliminary screening process during a referral/notification.



TGLN Tools & Resources

Donation Resource manual identify information the hospital members of the donation team will be asked for. In addition, staff is aware of the location of the Routine Notification and Next steps worksheets.

- 10.3 A physical examination is completed for all potential donors. CSA reference: Z900.1-03, 13.2; Z900.2.3, 13.2

Suggested Activities to Demonstrate Compliance

Although the physical assessment for donation suitability is TGLN's responsibility, organizational staff may be asked to share any positive findings with the TGLN coordinator.



TGLN Tools & Resources

Call-Screen-Connect worksheets and manual, plus the Donation Resource manual identify information the hospital members of the donation team will be asked for.

- 10.4 The necessary serological, blood, infectious disease testing is completed for every potential donor. CSA Reference: Z900.1-03, 14.2, Z900.2.3-03, 14.2, Z900.2.2-03, 14.2

Suggested Activities to Demonstrate Compliance

TGLN staff fill out the required blood test forms and provides the needed blood tubes to the hospital staff. Hospital staff participate in drawing the required blood samples to assess suitability for donation.

TGLN Tools & Resources

TGLN will guide each hospital/region in drawing specific blood samples required to assess for suitability for donation.

- 10.5 Diagnostic and lab services can be promptly assessed to carry out the assessment of potential donors.

Suggested Activities to Demonstrate Compliance

A process is in place to obtain access to after hour testing for neurological death and tests related to organ specific assessments. An identified process is in place for tests that are not available at the donation centre (e.g. transfer for cardiac angiography or toxicology screening). Culture results are processed post-mortem for consented donors and results released to TGLN.

TGLN Tools & Resources

TGLN has developed algorithms to facilitate the decision making process for cardiac angiograms to ensure timely assessment information for organ offering to minimize the impact on ICU resources.

- 10.6 A comprehensive assessment of tissue donors is completed. CSA Reference Z900.2.2-03, 13.1.

Suggested Activities to Demonstrate Compliance

Policies, procedures and communication from leadership indicate support for healthcare team members providing required information for tissue screening during the Call-Screen-Connect process for tissue donation.

TGLN Tools & Resources

The Call-Screen-Connect manual and Donation Resource manual identify information the hospital members of the donation team will be asked for. In addition, staff is aware of the Routine Notification and Next steps worksheets location.

- 10.7 When infectious disease tests are positive, a documented procedure to share these results with the appropriate health authorities, OPOs, tissue banks, transplant programs, and the donor's physician is followed. CSA Reference: Z900.1-03, 14.2

Suggested Activities to Demonstrate Compliance

Hospitals have a process in place to release culture result information to TGLN post donation. TGLN is the OPO for all hospitals in Ontario and responsible for notification of results to the appropriate authorities.



TGLN Tools & Resources

Not applicable.

- 10.8 All aspects of the donor suitability assessment are documented in the appropriate client medical record.

Suggested Activities to Demonstrate Compliance

TGLN is the OPO for all hospitals in Ontario and responsible for the documentation of this information in the TGLN chart.



TGLN Tools & Resources

As this is TGLN's responsibility, no tools or resources are required for hospital support.

- 10.9 Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation are followed when responding to requests for exceptional distribution.

Suggested Activities to Demonstrate Compliance

TGLN is the OPO for all hospitals in Ontario and responsible for this function with organs. Under Health Canada regulations "Exceptional Distribution" is not permitted for tissue.



TGLN Tools & Resources

Health Canada's Guidance Document for Transplant hospitals.

11.0 THE DECEASED DONOR IS PREPARED FOR THE ORGAN RECOVERY PROCEDURE

- 11.1 Standard protocols are followed to properly manage and maintain donors immediately following the declaration of death and during the assessment phases.

Suggested Activities to Demonstrate Compliance

Standing orders or order sets are available to preserve the opportunity to donate. For example: potential organ donor.



TGLN Tools & Resources

Order set templates are available from TGLN. The Hospital Programs team is available to assist hospitals in adapting to their own hospital based needs.

- 11.2 For potential DCD donors, after the donor's family has consented to donation and prior to the withdrawal of life-sustaining therapy, only interventions that do not harm the potential donor or hasten death are used.

Suggested Activities to Demonstrate Compliance

The DCD process at the hospital includes a conversation between TGLN and the physician and staff to confirm End of Life decisions.



TGLN Tools & Resources

A sample DCD checklist is available for hospitals.

- 11.3 All aspects of donor management are documented in the appropriate client medical record.

Suggested Activities to Demonstrate Compliance

Hospital staff continue to document as per hospital policy in the patient's hospital chart and note any additional donor management requests from TGLN. The TGLN Coordinator is responsible for all documentation in the donor chart as the OPO under Health Canada requirements.



TGLN Tools & Resources

Donor management targets and interventions are available in the Donation Resource Manual. The DSP and TGLN Coordinators are available 24/7 to discuss donor management challenges and direction.

- 11.4 The appropriate permission is obtained from the coroner or medical examiner and is documented before recovering the organs.

Suggested Activities to Demonstrate Compliance

Documentation of permission from the Coroner to proceed with donation is documented in the hospital chart. TGLN will confirm and document permission with the coroner on the Coroner permission form and the TGLN Consent form.



TGLN Tools & Resources

TGLN has a process in place with the Coroner to review all Coroner's cases in which donated organs and tissues were blocked. A province wide Coroner permission form is used by TGLN.

12.0 ORGANS AND TISSUES ARE SAFELY AND EFFECTIVELY RECOVERED.

- 12.1 Once the assessment is complete, the recovery team is given timely access to operating rooms to retrieve organs or procedure rooms to retrieve tissue.

Suggested Activities to Demonstrate Compliance

There is evidence that organ donors are given priority in OR booking. The process and priority of organ donor OR and multi-tissue donor OR booking is documented in the hospitals policy or procedures.



TGLN Tools & Resources

Other hospital experience and practices related to the OR booking for donation cases are available for reference.

- 12.2 When the recovery team comes from outside the organization, special privileges are arranged for them.

Suggested Activities to Demonstrate Compliance

The hospital has a process in place to accommodate the recovery teams and grant temporary OR privileges where required.



TGLN Tools & Resources

TGLN hosts information on a Credentialing Website that provides the name, position and, if applicable, the CPSO number of any recovery teams from TGLN/transplant centers/tissue banks. Hospitals are provided with the URL.

- 12.3 When the recovery team comes from outside the organization, their credentials and qualifications are verified before recovery of the organs or tissues.

Suggested Activities to Demonstrate Compliance

OR documentation includes information from the Credentialing website.



TGLN Tools & Resources

TGLN will provide the link to the credentialing website which states the name, position and, if applicable, the CPSO number of any recovery teams from transplant centers/tissue banks.

- 12.4 Before recovering the organ or tissues, appropriate transportation arrangements are made so that the recovery team can rapidly transport the organs and tissues.

Suggested Activities to Demonstrate Compliance

If enucleation is completed by a hospital physician, or qualified staff member, the organization has a documented process in place to arrange for the transport of eye tissue. TGLN is responsible for arranging the transportation of organs recovered in the OR, as well as eyes if

TGLN staff enucleate. Tissue banks are responsible for transportation of tissue if recovered by tissue bank staff.



TGLN Tools & Resources

Examples of hospital protocols established to arrange for transport of eye tissue to the eye bank are available.

- 12.5 The donor assessment information is reviewed before recovering the organs or tissues.

Suggested Activities to Demonstrate Compliance

TGLN provides donor assessment information at the time of allocation.



TGLN Tools & Resources

As this is TGLN's or other parties' responsibility, no tools or resources are required for hospital support.

- 12.6 The donor is identified by at least one member of the recovery team before recovering the organ or tissue and the identification is documented in the client record.

Suggested Activities to Demonstrate Compliance

At least one member of the hospital's recovery staff (e.g. circulating nurse) identifies the donor consistent with regular hospital practices prior to the commencement of the donor recovery surgery.



TGLN Tools & Resources

Refer to internal hospital policies for regular patient identification practices prior to the commencement of any surgery, including organ recovery.

- 12.7 If a biopsy is taken to assess pathology, prompt access to personnel who can read the biopsy is provided.

Suggested Activities to Demonstrate Compliance

There is a process in place to access personnel who can perform and read the biopsy.



TGLN Tools & Resources

Peer hospital protocols may be available through TGLN.

- 12.8 There is regular communication with the transplant coordinator regarding the organ recovery progress, including any delays, so they can prepare the recipients accordingly.

Suggested Activities to Demonstrate Compliance

Operating Room staff are aware of the need to communicate any changes in OR availability that will impact organ recovery. TGLN's responsibility is to communicate any delays to all involved parties (E.g. transplant teams).



TGLN Tools & Resources

TGLN will communicate the request to provide an update on any OR timing issues or delays. TGLN will provide the 24/7 call number for hospital staff.

- 12.9 All communication with the transplant coordinator is documented in the communication log, client record or progress notes.

Suggested Activities to Demonstrate Compliance

As the Ontario OPO, TGLN is responsible for communicating and documenting communication with the transplant program.



TGLN Tools & Resources

As this is TGLN's responsibility, no tools or resources are required for hospital support.

- 12.10 For DCD donors, the recommended maximum time intervals between withdrawal of life-sustaining therapy and death, beyond which organs will not be offered or procured is followed.

Suggested Activities to Demonstrate Compliance

While the decision regarding time interval is a transplant program responsibility, the organization acknowledges acceptable time intervals in the DCD policy and plans for patient care should the patient survival exceed the acceptable time.



TGLN Tools & Resources

TGLN has sample Organ and Tissue Donation policy templates available that include DCD.

- 12.11 Organs and tissues are recovered using aseptic techniques to maintain sterility and prevent contamination of recovered organs and tissues. CSA Reference: Z900.1-03, 15.3; Z900.2.2-03, 15.3.

Suggested Activities to Demonstrate Compliance

OR staff assisting the Recovery/Transplant Team practice aseptic techniques.



TGLN Tools & Resources

Descriptions of surgical recovery processes are available for NDD and DCD.

- 12.12 When recovering the organs or tissues, changes to the donor's body appearance are minimized.

Suggested Activities to Demonstrate Compliance

If the donor is a potential eye donor, the post-mortem care protocol includes ice packs to eyes and elevating head of bed to prevent facial bruising. If the organization is a transplant facility or participates in tissue recovery, transplant teams are able to describe how the chosen process minimizes changes to donor appearance.



TGLN Tools & Resources

Descriptions of surgical recovery are available for NDD, DCD and tissue recovery.

- 12.13 The recovered organs and tissues are inspected for anomalies and the findings are documented in the medical record for the transplant team.

Suggested Activities to Demonstrate Compliance

If the organization is a transplant facility, documentation indicates organ inspection. In real time, TGLN provides a written operative note on the organ recovery procedure for placement in the patients' medical record.



TGLN Tools & Resources

As this is the recovery team's responsibility, no tools or resources are required for hospital support.

- 12.14 After recovering the organs or tissues, the donor's body is reconstructed as closely as possible to its original anatomical state.

Suggested Activities to Demonstrate Compliance

If the organization is a transplant facility or participates in tissue recovery, transplant teams are able to describe how the chosen process minimizes changes to donor appearance.



TGLN Tools & Resources

As this is the recovery team's responsibility, no tools or resources are required for hospital support.

- 12.15 Upon request, the family is provided with the opportunity to see the donor's body after the recovery procedure.

Suggested Activities to Demonstrate Compliance

A documented process is in place to accommodate family requests for post-recovery viewing. Hospital staff facilitate arrangements for an appropriate setting.



TGLN Tools & Resources

The TGLN coordinator obtaining consent will communicate any family request for viewing post-recovery.

13.0 RECOVERED ORGANS AND TISSUES ARE PREPARED FOR TRANSPORT

- 13.1 Recovered organs are flushed with cold preservation fluid immediately following recovery according to the manufacturer's guidelines to preserve them during transport.

Suggested Activities to Demonstrate Compliance

This is the responsibility of TGLN or the transplant programs. No hospital activities are required unless the facility is a transplant hospital.



TGLN Tools & Resources

As this is TGLN's recovery team's responsibility, no tools or resources are required for hospital support.

- 13.2 Organs and tissues are properly packaged to maintain the integrity, quality and function of organs and tissues during all phases of transport, storage and distribution. CSA Reference: Z900.1-03, 15.6; Z900.2.3-03, 15.6.5.

Suggested Activities to Demonstrate Compliance

This is the responsibility of TGLN or the transplant programs. No hospital activities are required unless the facility is a transplant hospital.



TGLN Tools & Resources

As this is TGLN's Recovery team's responsibility, no tools or resources are required for hospital support.

- 13.3 Organs and tissues are properly labeled for identification during all phases of transport, storage and distribution. CSA Reference: Z900.1-03, 16.1; 16.4.

Suggested Activities to Demonstrate Compliance

This is the responsibility of TGLN or the transplant programs. No hospital activities are required.



TGLN Tools & Resources

As this is TGLN's recovery team's responsibility, no tools or resources are required for hospital support.

14.0 FAMILIES OF DONORS ARE PROVIDED WITH FOLLOW-UP SUPPORT.

14.1 Appreciation is expressed to the donor's family.

Suggested Activities to Demonstrate Compliance

The hospital may express appreciation for donor families through a donor memorial plaque or garden, participation in a Donor Family Recognition Ceremony or other recognition strategy. TGLN is the OPO for all hospitals in Ontario and expresses appreciation to each donor family on behalf of Ontario's hospitals and TGLN.



TGLN Tools & Resources

Examples of peer hospital strategies to recognize and appreciate donor families are available from Hospital Programs/Hospital Development.

14.2 The donation team acts as a liaison between recipients and the donor's family.

Suggested Activities to Demonstrate Compliance

TGLN is the OPO for all hospitals in Ontario and performs this function for deceased organ donor families as well as facilitates communication regarding tissue with the tissue banks when possible.



TGLN Tools & Resources

As this is a TGLN/Tissue bank responsibility, no tools or resources are required for hospital support.

14.3 The donor's family is helped to access bereavement support services as required.

Suggested Activities to Demonstrate Compliance

Donor families have access to bereavement services offered in hospitals. TGLN is the OPO for all hospitals in Ontario and offers information on bereavement support services to donor families.



TGLN Tools & Resources

TGLN has a provincial list of bereavement resources.

15.0 DONOR RECORDS ARE KEPT ACCURATE, UP-TO-DATE AND SECURE.

- 15.1 An accurate, up-to-date record is maintained for each donor. CSA Reference: Z900.1-03, 7.3.

Suggested Activities to Demonstrate Compliance

Information on any discussion of donation and Coroner permission is documented. The original signed consent form stays in the hospital chart. Organizations have documentation of a referral/notification to TGLN, evidenced by a TGLN number located in the chart or ADT (admission-discharge-transfer) system. TGLN is responsible for documentation required by CSA and Health Canada as the OPO.



TGLN Tools & Resources

A TGLN number is provided with every referral or notification.

- 15.2 Each donor is assigned a unique identifier. CSA Reference: Z900.1-03, 7.2.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for generating a unique donation number. Organizations have documentation of a referral/notification to TGLN, evidenced by a TGLN number located in the chart.



TGLN Tools & Resources

TGLN provides a Routine Notification Worksheet which hospitals are encouraged to have staff complete prior to calling TGLN. The worksheet includes an area for documentation of the TGLN number. A TGLN number is provided with every referral or notification.

- 15.3 Any organ or tissue can be easily traced between the donor, recipient or tissue bank.

Suggested Activities to Demonstrate Compliance

Organizations who transplant human organs and tissue (e.g. bone or bone products) in the OR provide evidence of documentation of the unique transplant product identifier in the chart and completion of all required paperwork from the source establishment. TGLN tracks organ donor and recipient information.



TGLN Tools & Resources

Transplant hospitals and Tissue Banks refer to Health Canada requirements.

- 15.4 Donor information is shared with service providers, other teams, or organizations, as appropriate.

Suggested Activities to Demonstrate Compliance

The organization's policies and protocols identify staff responsible to provide donation related information among the care team, within the hospital and to TGLN, including results from blood cultures processed as part of the donor assessment.



TGLN Tools & Resources

The Donation Resource Binder and the Call-Screen-Connect Binder outline the information needed from hospital staff.

- 15.5 Records are retained for a minimum of 30 years after the donation. CSA Reference: Z900.1-03, 7.3.3.

Suggested Activities to Demonstrate Compliance

This standard is currently under review. It is recommended that you contact your Accreditation Specialist.

TGLN Tools & Resources

Not Applicable.

- 15.6 Provincial donation registries or methods of acquiring registry information are accessible to the team where they exist.

Suggested Activities to Demonstrate Compliance

Hospital staff is aware that Donation Consent Decisions can be registered in the OHIP database. Policies and procedures indicate that in order to access this information TGLN is to be notified prior to any hospital staff or physician initiated discussion regarding donation with families.



TGLN Tools & Resources

Information on registered consent decisions and processes are in the Donation Resource Manual.

16.0 HEALTH INFORMATION IS MANAGED TO SUPPORT THE EFFECTIVE DELIVERY OF SERVICES.

- 16.1 Training and education about legislation to protect client privacy and appropriately use client information are provided.

Suggested Activities to Demonstrate Compliance

Hospital Staff are aware patient information can be shared with TGLN staff for the purposes of donation. Hospitals have privacy and confidentiality policies regarding protecting a patient's personal health information and confidentiality. Staff are aware that they are not to discuss where the transplant teams are based to preserve anonymity of recipients.



TGLN Tools & Resources

This is a hospital based responsibility that extends beyond donation related activities. TGLN has a privacy officer for any donation specific questions.

- 16.2 Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.

Suggested Activities to Demonstrate Compliance

Hospitals have policies related to use of electronic mail, texting, web applications and social media with input from clients and families.



TGLN Tools & Resources

This is a hospital based responsibility that extends beyond donation related activities.

- 16.3 Policies and procedures for disclosing health information for secondary use are developed and followed.

Suggested Activities to Demonstrate Compliance

This is a hospital based responsibility that extends beyond donation related activities. TGLN has a privacy officer for any donation specific questions.



TGLN Tools & Resources

This is a hospital based responsibility.

17.0 CURRENT RESEARCH, EVIDENCE-INFORMED GUIDELINES AND BEST PRACTICE INFORMATION TO IMPROVE THE QUALITY OF SERVICES.

- 17.1 There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.

Suggested Activities to Demonstrate Compliance

The Donation Committee (or other designated committee) is responsible to review and implement best practice.



TGLN Tools & Resources

TGLN has identified best practices that have emerged based on Canadian Consensus documents for Best Practices and organ outcomes. The Donation Resource Binder and Call Screen Connect Binder outline best practices for organ and tissue donation.

- 17.2 Health Canada's Safety of Human Cells, Tissues and Organs for Transplantation Regulations are followed.

Suggested Activities to Demonstrate Compliance

The organization provides access to available tests and procedures to assess the safety of organs and tissues for recipients. TGLN is responsible for ensuring all needed information is collected for the donor chart.



TGLN Tools & Resources

The Donation Resource Binder and the Call-Screen-Connect Binder outline the information needed to meet Health Canada requirements.

- 17.3 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.

Suggested Activities to Demonstrate Compliance

Policies and procedures reflect current best practice recommendations and feedback from donor families is evident in decision making process.



TGLN Tools & Resources

TGLN provides standardized policies and procedures that reflect leading practices in organ and tissue donation. These leading practices have been developed with current literature and feedback from families and partners. The Donation Resource Binder and the Call-Screen-Connect Binder outline best practices for organ and tissue.

- 17.4 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.

Suggested Activities to Demonstrate Compliance

Policies and procedures reflect current best practice recommendations. There is evidence of the decision making process at the committee level regarding any conflicts that arise regarding the donation process.



TGLN Tools & Resources

The CMO is available to consult on any conflicting evidence.

- 17.5 Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.

Suggested Activities to Demonstrate Compliance

The hospital has adopted the province-wide organ and tissue policies. TGLN has standardized policies to reduce variation in practice.



TGLN Tools & Resources

TGLN has standardized policies and procedures, order sets and guidelines which are provided to the hospital for implementation. These documents reflect best practice.

- 17.6 Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.

Suggested Activities to Demonstrate Compliance

Prior to updating policies, hospitals should request the most current version of the standardized policies.



TGLN Tools & Resources

TGLN has all of the most current versions of the policies available upon request.

- 17.7 There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.

Suggested Activities to Demonstrate Compliance

Any independent research related to donation is approved via usual hospital process. Deceased donation for research is permitted under the *Trillium Gift of Life Network Act*. If TGLN is involved, and consent is being obtained on the TGLN Consent for Organ and Tissue Donation form, the research project must have had prior approval from TGLN.



TGLN Tools & Resources

TGLN has a template for research submissions available upon request.

18.0 CLIENT AND TEAM SAFETY IS PROMOTED WITHIN THE SERVICE ENVIRONMENT

- 18.1 A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.

Suggested Activities to Demonstrate Compliance

This is a hospital based responsibility that extends beyond the donation process.



TGLN Tools & Resources

TGLN is able to consult on identifying risks related to donation.

- 18.2 Strategies are developed and implemented to address identified safety risks, with input from clients and families.

Suggested Activities to Demonstrate Compliance

This is a hospital based responsibility that extends beyond the donation process. Related to donation the potential role for organizations include: 1) The Donation Committee reviews new screening processes for disease transmission that impacts the donation process in hospitals (e.g. H1N1 screening). 2) There is a process in place to enable discussion of donation related safety issues with involved staff and departments when they occur.



TGLN Tools & Resources

Donation related examples of processes used in other hospitals are available from TGLN.

- 18.3 Verification processes are used to mitigate high-risk activities, with input from clients and families.

Suggested Activities to Demonstrate Compliance

This is a hospital based responsibility that extends beyond the donation process. For donation the Organization has a policy in place to enable hard copy of ABO blood group for TGLN confirmation and enables access to all laboratory values, microbiology reports, and other diagnostics.



TGLN Tools & Resources

TGLN can provide the rationale for the request for hard copy ABO blood grouping.

- 18.4 Safety improvement strategies are evaluated with input from clients and families.

Suggested Activities to Demonstrate Compliance

This is a hospital based responsibility that extends beyond the donation process.



TGLN Tools & Resources

Not applicable.

- 18.5 Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.

Suggested Activities to Demonstrate Compliance

The hospital has policies and procedures to direct staff regarding any sentinel or adverse events that occur during the donation process.



TGLN Tools & Resources

The process for reporting varies from organization to organization. Hospitals are encouraged to use existing systems for sentinel and adverse events. TGLN has a policy that is available for review to ensure consistency.

- 18.6 Any patient safety incidents and results of the resulting investigations are disclosed to Health Canada, the Public Health Agency of Canada.

Suggested Activities to Demonstrate Compliance

The Hospital has policies and procedures to direct staff regarding any sentinel or adverse events that occur during the donation process. Public health reporting is the responsibility of the ordering physician (TGLN Chief Medical Officer is responsible if the results are from specific tests that are related to the screening of organs and tissues for donation).



TGLN Tools & Resources

The process for reporting varies slightly from organization to organization. Hospitals are encouraged to use existing systems for sentinel and adverse events. TGLN has a policy that is available for review to ensure consistency.

- 18.7 Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.

Suggested Activities to Demonstrate Compliance

TGLN is responsible for reporting donor related events to Health Canada when the recipient may be impacted. The hospital has policies to disclose patient safety incidents.



TGLN Tools & Resources

Not applicable.

- 18.8 Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.

Suggested Activities to Demonstrate Compliance

The Hospital has a system for improving processes that includes partner stakeholders (e.g. TGLN).



TGLN Tools & Resources

TGLN has a policy and a Quality Department that is available to participate in planning to prevent an adverse event, error, or accident related to donation from occurring again.

19.0 INDICATOR DATA IS COLLECTED AND USED TO GUIDE QUALITY IMPROVEMENT ACTIVITIES.

- 19.1 Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.

Suggested Activities to Demonstrate Compliance

Review of case concerns and follow up occur and are discussed and documented at committee meetings.



TGLN Tools & Resources

TGLN Coordinators are available to participate in committee meetings.

- 19.2 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.

Suggested Activities to Demonstrate Compliance

Performance measures are routinely reviewed at Donation Committee meetings. Performance measure goals are in alignment with TGLN provincial benchmarks. Committee members have knowledge of hospital performance and targets.



TGLN Tools & Resources

Health Record Review data and Performance Benchmarks are available, as well as current data on donation activity.

- 19.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

Suggested Activities to Demonstrate Compliance

The organ and tissue donation committee sets goals to improve performance with measurable goals and timelines and includes a process to consult clients and families.



TGLN Tools & Resources

Performance targets are provided and strategies from successful hospitals are shared to achieve these goals.

- 19.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

Suggested Activities to Demonstrate Compliance

The organ and tissue donation committee sets goals to improve performance with measurable goals and timelines and includes a process to consult clients and families.



TGLN Tools & Resources

The TGLN coordinator reports quarterly performance data at the organ and tissue donation committee.

- 19.5 Quality improvement activities are designed and tested to meet objectives.

Suggested Activities to Demonstrate Compliance

The committee and donation team plan to test ideas to improve donation processes and observe results to determine if effective.



TGLN Tools & Resources

TGLN can share strategies implemented at other hospitals.

- 19.6 New or existing indicator data are used to establish a baseline for each indicator.

Suggested Activities to Demonstrate Compliance

Hospitals use established indicators from TGLN to measure performance improvements.



TGLN Tools & Resources

TGLN has a number of indicators in addition to public reporting metrics that can be used.

- 19.7 There is a process to regularly collect indicator data and track progress.

Suggested Activities to Demonstrate Compliance

Donation committee members review performance metric data quarterly which prompts change in practice to improve donation processes with the hospital.



TGLN Tools & Resources

Key performance measures and related best practices to improve performance are available.

- 19.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.

Suggested Activities to Demonstrate Compliance

Performance indicators are reviewed at each committee meeting to evaluate quality improvement initiatives.



TGLN Tools & Resources

TGLN committee deck presentations consistently provide information on compliance performance indicator.

- 19.9 Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.

Suggested Activities to Demonstrate Compliance

Donation ideas are tested to improve processes and fully implemented if successful.



TGLN Tools & Resources

Not applicable.

- 19.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Suggested Activities to Demonstrate Compliance

A process is in place to share donation performance with all involved departments/personnel. Staff receives individual case feedback in a consistent format.



TGLN Tools & Resources

TGLN shares donor family experiences, and performance metrics in various formats. Public reporting ensures hospital performance is available to the public.

- 19.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Suggested Activities to Demonstrate Compliance

Performance improvement related activities are vetted through committees or process with client/family input.



TGLN Tools & Resources

Not Applicable.



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Resource Document for Accreditation Critical Care Standards and Deceased Donation

12.0 POTENTIAL ORGAN AND TISSUE DONORS ARE IDENTIFIED, REFERRED, AND MANAGED IN A TIMELY AND EFFECTIVE MANNER.

- 12.1 Clinical referral triggers are established to identify potential organ and tissue donors.

Suggested Activities to Demonstrate Compliance

Staff have knowledge of when to refer. Clinical triggers/referral indicators for referral are identified in the organizational policy, on ID badge card and posters.



TGLN Tools and Resources

A provincially approved trigger has been adopted by hospitals. TGLN has referral indicators/clinical triggers in poster and ID badge card size.

- 12.2 Training and education on the definition of imminent death, the use of clinical triggers/referral indicators, who to contact when potential organ and tissue donation opportunities arise, how to approach families about donation and other donation issues is provided to the team.

Suggested Activities to Demonstrate Compliance

Education is delivered to hospital staff on legislation requirements regarding referral, clinical triggers/referral indicators and elements of an optimal family approach.



TGLN Tools and Resources

Donation Resource Manual and standardized education templates are available for use in hospitals. TGLN Hospital Development Coordinators and/or OTDC are available for consultation.

- 12.3 The organization has a policy on neurological determination of death (NDD).

Suggested Activities to Demonstrate Compliance

The organizations NDD Policy is consistent with current acceptable practices. The “Canadian Association of Donation and Transplant” (CCDT) recommendations are the current acceptable best practices for NDD.



TGLN Tools and Resources

TGLN has a provincially approved policy for NDD and a standard provincial NDD form. CCDT recommendations are available on the Canadian Blood Services website or through TGLN.

- 12.4 A written protocol is followed for NDD that includes accessing the people qualified to determine neurological death.

Suggested Activities to Demonstrate Compliance

The organization's NDD policy includes the requirement that physicians performing neurological testing and determination of death must have a license for independent practice in Ontario for donation to proceed.



TGLN Tools and Resources

TGLN has an NDD provincial policy. The TGLN DSP on-call is available to assist hospital physicians if questions with the process arise.

- 12.5 The physicians that are accessed to determine neurological death must be independent of the intended recipient's care team.

Suggested Activities to Demonstrate Compliance

The organization has a process in place to access a physician for declaration who is not associated with recipients.



TGLN Tools and Resources

TGLN has an NDD policy template available.

- 12.6 Appropriate information about the implications of neurological death is provided to the family.

Suggested Activities to Demonstrate Compliance

The meaning of neurological death is explained to families and time of death is provided to ensure that families have the information needed to make end-of-life decisions.



TGLN Tools and Resources

TGLN has education available for healthcare professionals regarding neurological death, as well as suggested scripting to explain NDD.

- 12.7 The Organ Procurement Organization (OPO) is notified in a timely manner when death is imminent or established for potential donors.

Suggested Activities to Demonstrate Compliance

The organization has referral indicators or clinical trigger identified in the organ and tissue donation policy, on ID badge card and/or posters. The hospital uses data on timely referrals and missed opportunities to improve donation performance.



TGLN Tools and Resources

TGLN has identified referral indicators/clinical triggers in poster and ID badge card size. TGLN can provide data on hospital performance regarding timely referral.

- 12.8 The provincial donor registry, where one exists, is checked to determine if the patient is a registered donor.

Suggested Activities to Demonstrate Compliance

TGLN has exclusive access to the OHIP provincial donor registry. Education is delivered on the OHIP registry, with an emphasis on the importance of timely referral prior to family approach to determine patient's registered consent decision.



TGLN Tools and Resources

Donation Resource Manual, and standardized education templates are available for use in hospitals. TGLN Hospital Development Coordinators and Educators are available for consultation.

- 12.9 Before approaching the family, a discussion takes place between the team and the donation coordinator regarding how they will approach the family about donation.

Suggested Activities to Demonstrate Compliance

Pre-approach planning with the TGLN coordinator is integrated into the organ and tissue donation policy, or the hospital has a huddle checklist.



TGLN Tools and Resources

TGLN education resources include information on optimal approach. At time of referral, TGLN will create a plan of care with the hospital, and ask hospital staff not to initiate the donation discussion with the family. TGLN has a standard pre-approach huddle checklist.

12.10 When approaching families about donation, a decoupling approach is used.

Suggested Activities to Demonstrate Compliance

Education on donation includes information and rationale for an optimal approach and purpose of decoupling. Physicians provide time of death when discussing neurological death testing results with families to promote acceptance of death. Donation is not raised by the healthcare team prior to the decision to WLST for DCD potential donors.



TGLN Tools and Resources

Donation Resource Manual outlines the elements of an optimal approach for families.

12.11 A written process is followed when approaching families about organ and tissue donation.

Suggested Activities to Demonstrate Compliance

Policy states a TGLN coordinator is involved in the family approach for organ and tissue donation.



TGLN Tools and Resources

TGLN Organ and Tissue Donation Policy Template state TGLN coordinator involvement in approach and the Donation Resource Manual outlines the elements of an optimal approach for families.

12.12 When approaching the family, the sensitivity of the situation, as well as the client's and family's culture, beliefs, and decisions about organ and tissue donation are respected.

Suggested Activities to Demonstrate Compliance

All families (regardless of culture) of eligible patients have the opportunity to speak to a TGLN coordinator trained in providing registered consent decisions and discussing organ and tissue donation.



TGLN Tools and Resources

TGLN coordinators are available by telephone to speak to families. Approach for organ involves on-site support if geographically permissible and time permits.

12.13 All aspects of the donation process, including the family's decision about organ and tissue donation, are recorded in the client record in partnership with the family.

Suggested Activities to Demonstrate Compliance

Any mention of donation raised by family members, is charted to indicate who raised donation. WLST decisions and donation decisions are noted. Documentation in patient's chart includes the TGLN referral, involvement and clinical management. Organ function tests and consultations with TGLN are also documented.



TGLN Tools and Resources

Documentation for organ donors should be consistent with ICU standards and hospital policy.

12.14 There is access to consultants with expertise in proper donor management.

Suggested Activities to Demonstrate Compliance

Hospital identifies donor management resources and/or accesses TGLN's DSP (Donation Support Physician) with any donation or management concerns.



TGLN Tools and Resources

TGLN has Donation Support Physicians available 24/7 for consultation on neurological death and management issues.

12.15 There are written protocols for donor management.

Suggested Activities to Demonstrate Compliance

Patient order sets for donor management exist in the hospital and are readily available to staff.



TGLN Tools and Resources

Standardized patient order sets are available from TGLN.

12.16 Potential donors are managed and cared for during testing and screening.

Suggested Activities to Demonstrate Compliance

Donor management targets are met during testing and screening. Standardized order sets are utilized to optimize/maintain opportunities for donation.



TGLN Tools and Resources

Donor management targets are outlined in the Donation Resource Manual and in Physician order sets templates.

12.17 Appropriate clinicians available to properly manage the donor.

Suggested Activities to Demonstrate Compliance

Physicians skilled in care of critically ill patients are available to oversee donor care.



TGLN Tools and Resources

TGLN has Physician Donation Specialists available 24/7 for consultation on neurological death and management issues.

12.18 All aspects of the donor management process are recorded in the potential donor's medical record.

Suggested Activities to Demonstrate Compliance

Documentation includes TGLN referral number, family mention of donation, NDD or WLST conversation, medical management of the patient/donor, arrival of TGLN Coordinator, donation discussion and outcome.



TGLN Tools and Resources

TGLN number is provided at time of referral. The original copy of the consent form remains in the patient's hospital record (when completed on site).

- 12.19 Data gathered on all ICU deaths is accessible and there is a process for reviewing that data to identify lost opportunities for donation.

Suggested Activities to Demonstrate Compliance

A process is in place to provide information needed for TGLN assessment for donation potential. There is a forum (e.g. Morbidity and Mortality rounds, Organ and Tissue Donation Committee etc.) where data on donation and missed opportunities are reviewed.



TGLN Tools and Resources

TGLN has a template for data collection for designated hospitals.



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Resource Document for Accreditation Emergency Department Standards and Deceased Donation

11.0 POTENTIAL ORGAN AND TISSUE DONORS ARE IDENTIFIED AND REFERRED IN A TIMELY AND EFFECTIVE MANNER.

11.1 There are established protocols and policies on organ and tissue donation.

Suggested Activities to Demonstrate Compliance

The hospital has approved policies for all donation practices (E.g. NDD, Combined Organ and Tissue, Tissue Exclusive and DCD).



TGLN Tools and Resources

The *Organ and Tissue Donation Policy and Program Development Guidelines*, and *Donation Resource Manual* are available to hospitals and contain information on current practices. TGLN provides the provincially approved policy to all designated hospitals.

11.2 There is a policy on neurological determination of death (NDD).

Suggested Activities to Demonstrate Compliance

The organization's NDD Policy is consistent with current acceptable practices. The Canadian Association of Donation and Transplant (CCDT) recommendations are the current acceptable best practices for NDD.



TGLN Tools and Resources

TGLN has a provincially approved policy for NDD and a standard provincial NDD form. CCDT recommendations are available on the Canadian Blood Services website or through TGLN.

11.3 There is a policy to transfer potential organ donors to another level of care once they have been identified.

Suggested Activities to Demonstrate Compliance

Organ and Tissue Donation Policy includes statement regarding mobilization and timely access to needed resources, and staff are familiar with the process to transfer potential donors.



TGLN Tools and Resources

The *Organ and Tissue Donation Policy and Program Development Guidelines*, and Donation Resource Manual are available to hospitals and contain information on current practices.

- 11.4 There are established clinical referral triggers to identify potential organ and tissue donors.

Suggested Activities to Demonstrate Compliance

Staff have knowledge of when to refer. Referral indicators/clinical triggers for referral are identified in the organizational policy, on ID badge card and posters.



TGLN Tools and Resources

TGLN has referral indicators/clinical triggers in poster and ID badge card size.

- 11.5 Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.

Suggested Activities to Demonstrate Compliance

Education is delivered to hospital staff on legislation requirements regarding referral, referral indicators/clinical triggers and elements of an optimal family approach during orientation and annually.



TGLN Tools and Resources

Donation Resource Manual and standardized education templates are available for use in hospitals. TGLN Hospital Development Coordinators and Educators are available for consultation.

- 11.6 Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from clients and families.

Suggested Activities to Demonstrate Compliance

Staff are aware that donation is not to be discussed with families unless first raised by family. Staff are able to respond that there is a donation specialist always available to talk to.



TGLN Tools and Resources

The Donation Resource Manual identifies leading practices with families, such as quiet room, providing time of death for NDD and approach by a TGLN coordinator.

- 11.7 When death is imminent or established for potential donors, the OPO or tissue centre is notified in a timely manner.

Suggested Activities to Demonstrate Compliance

The organization has referral indicators or clinical triggers identified in the organ and tissue donation policy, on ID badge card and/or posters. The hospital uses data on timely referrals and missed opportunities to improve donation performance.



TGLN Tools and Resources

TGLN has identified referral indicators/clinical triggers in poster and ID badge card size. TGLN can provide data on hospital performance regarding timely referral.

- 11.8 All aspects of the donation process are recorded in the client's record, including the family's decision about organ and tissue donation.

Suggested Activities to Demonstrate Compliance

Documentation includes clinical management, organ function tests and consultations with TGLN.



TGLN Tools and Resources

Documentation for organ donors should be consistent with standards and hospital policy.