



St Mary's Hospital Timely Referral Toolkit

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Why?

- ✓ *Hospitals must* Incorporate an agreement with an OPO designated under part 486 of this chapter, under which it must notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the hospital.
- ✓ Hospitals must notify the OPO of every death or imminent death in the hospital. When death is imminent, the hospital must notify the OPO both before a potential donor is removed from a ventilator and while the potential donor's organs are still viable.
- ✓ The definition for “imminent death” might include a patient with severe, acute brain injury who: requires mechanical ventilation, is in ICU or ED and exhibits clinical findings with a GCS OR MD evaluating a diagnosis of brain death OR MD has ordered that life sustaining therapies be withdrawn, pursuant to family's decision

Continued

- ✓ “Timely Notification” means the hospital must contact the OPO by telephone as soon as possible after an individual has died, has been placed on a ventilator due to severe brain injury, or who has been declared brain dead (ideally within 1 hour). That is, a hospital must notify the OPO while a brain dead or severely brain-injured, ventilator dependent individual is still attached to the ventilator and as soon as possible after the death of any other individual, including potential non-heart-beating donor
- ✓ “Referral by a hospital to an OPO is timely if it is made:
 - ✓ As soon as it is anticipated that a patient will meet the criteria for imminent death agreed to by the OPO and hospital or as soon as possible after the patient meets the criteria for imminent death agreed to by the OPO and the hospital (ideally, within one hour); AND
 - ✓ Prior to the withdrawal of any life sustaining therapies (i.e. medical or pharmacological support)
- ✓ Whenever possible, referral should be made early enough to allow the OPO to assess the patient’s suitability for organ donation before brain death is declared and before the option of organ donation is presented to the family of the potential donor. Timely assessment of the patient’s suitability for organ donation increases the likelihood that the patient’s organs will be viable for transplantation, assures that the family is approached only if the patient is medically suitable for donation and assures that the OPO representative is available to collaborate with the hospital staff in discussing donation with the family.

Timely Referral

2010

ORGAN REFERRAL AND APPROACH INFORMATION													
Patients Meeting Clinical Triggers	1	1	4	2	6	3	1	1	3	2	6	2	32
Timely Organ Referrals(Called within 1 hour of Trigger)	1	1	3	1	4	1	0	0	1	1	5	0	18
Timely Organ Referral Rate	100%	100%	75%	50%	67%	33%	0%	0%	33%	50%	83%	0%	56%
Nontimely Organ Referrals	0	0	1	1	2	2	1	1	2	1	1	2	14

2011

ORGAN REFERRAL AND APPROACH INFORMATION													
Patients Meeting Clinical Triggers	1	3	5	3	2	5	4	0	3	2	1	4	33
Timely Organ Referrals(Called within 1 hour of Trigger)	1	1	5	2	2	3	2	0	2	2	1	2	23
Timely Organ Referral Rate	100%	33%	100%	67%	100%	60%	50%	N/A	67%	100%	100%	50%	70%
Nontimely Organ Referrals	0	2	0	1	0	2	2	0	1	0	0	2	10

2012

ORGAN REFERRAL AND APPROACH INFORMATION													
Patients Meeting Clinical Triggers	4	2	3	3	4	4	6	2	2	6	12	8	56
Timely Organ Referrals(Called within 1 hour of Trigger)	3	1	1	3	4	3	5	2	2	4	10	5	43
Timely Organ Referral Rate	75%	50%	33%	100%	100%	75%	83%	100%	100%	67%	83%	63%	77%
Nontimely Organ Referrals	1	1	2	0	0	1	1	0	0	2	2	3	13

2013

ORGAN REFERRAL AND APPROACH INFORMATION													
Patients Meeting Clinical Triggers	4	1	5	3	3	4	3						23
Timely Organ Referrals(Called within 1 hour of Trigger)	4	0	5	3	3	4	3						22
Timely Organ Referral Rate	100%	0%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	96%
Nontimely Organ Referrals	0	1	0	0	0	0	0	0	0	0	0	0	1

Technological Advances

- EPIC

Doc Flowsheets (completed rows are filtered out)

File Add Row Add Group Add W/LDA Cascade Add Col Insert Col Data Validate Hide Device Data Compact Hide Comp'd Last Filed Graph Reg Doc Details Go to Date Values By Refresh Legend Link Lines

Vital Signs/Pain Head to Toe ADL I/O LDA Patient Safety Incision/Wound/Pressu... Nursing Communication Restraints for Non-Vi... Blood Administration Screens/Referrals Ventilator Flowsheet Nutrition Evaluation/... Critical Results

Assessment Type ☒ Jump to where I left off Mode: Expanded View All 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based On: 0700 | Reset Now

My Information ☒ Admission (Current) from 9/20/2013 in SMG ICU

General Information ☒ 9/28/13 9/29/13

Safety ☒ 1700 1800 1945 2000 2100 2200 2300 0016 0100 0200 0300 0400 0500 Last Filed Value

HEENT WDL ☒ **Neurological WDL**

Neurological (WDL) ☒ Neurological (WDL) X X X

Pupils ☒ Level of Consciousness Unrespo... Unrespo... Unrespo...

Complex Neurologi... ☒ Orientation Unable t... Unable t... Unable t...

Glasgow Coma Sc... ☒ Speech Intubated Intubated Intubated

Neurological Symptoms ☒ Other (comm...

Delirium-Critical Care ☒ **Pupils**

Delirium- Non-ICU (... ☒ Right Pupil Size (mm) 3 3 2 3

Respiratory WDL ☒ Right Pupil Reaction Round Round Round Round

Breathing Assess... ☒ Left Pupil Size (mm) 3 3 2 3

Sputum ☒ Left Pup Right Pupil Reaction Round Round Brisk,N Round

Cardiovascular WDL ☒ **Complex Neurological**

Edema ☒ Right Extraocular Movement Dysconj... Dysconj... Dysconj... Dysconj...

RUE Neurovascular... ☒ Left Extraocular Movement Dysconj... Dysconj... Dysconj... Dysconj...

Capillary Refill ☒ Right Consensual Response Not con... Consen... Consen... Consen...

Gastrointestinal W... ☒ Left Consensual Response Not con... Consen... Consen... Consen...

Gastrointestinal As... ☒ Corneal Reflex Present Present Present Present

Genitourinary WDL ☒ Cough Reflex Present Present Present Present

Musculoskeletal ... ☒ Stick Out Tongue Absent Absent Absent Absent

Morse Fall Risk As... ☒ Gag Reflex Absent Absent Absent Absent

Universal Fall Risk ... ☒ Hand Grips Absent Absent Absent Absent

High Fall Risk Inter... ☒ Posturing Absent Absent Absent Absent

Integumentary WDL ☒ Right Upper Extremity Strength 1 1 1 1

Oral Cavity Assess... ☒ Left Upper Extremity Strength 1 1 1 1

Skin Risk ☒ Right Lower Extremity Strength 1 1 1 1

Pressure Ulcer Pre... ☒ Left Lower Extremity Strength 1 1 1 1

Psychosocial WDL ☒ Left Babinski Reflex Absent Absent Absent Absent

Glasgow Coma Scale * If coma score is persistantly 5 or less , patient may be potential organ donor. Call Donor Information Referral Line per facility protocol.

Eye Opening 2 3 3 3

Best Verbal Response 1 1 1 1

Best Motor Response 4 4 4 4

Glasgow Coma Scale Score (calc) 7 8 8 8 (calculated)

Head to Toe/GCS

Glasgow Coma Scale * If coma score is persistently 5 or less , patient may be potential organ donor. Call Donor Information Referral Line per facility protocol.												
Eye Opening			2					3		3		3
Best Verbal Response			1					1		1		1
Best Motor Response			4					4		4		4
Glasgow Coma Scale Score (calc)			7					8		8		8

The following groups/rows are suggested for:

Neurological (WDL)

Row Info:

NEUROLOGICAL WDL Alert, arouses to voice or touch, awake oriented to person, place, time and situation. Eyes open spontaneously. Follows

Choose groups/rows to add to the flowsheet

- Condition: X**
- Suggested groups
- ☐ Neurological WDL
 - ☐ Pupils
 - ☐ Complex Neurological
 - ☐ Glasgow Coma Scale * If coma score is persistently 5
 - ☐ Organ Procurement
 - ☐ RASS/Sedation Scale
 - ☐ Daily Awakening Trial
 - ☐ Seizure
 - ☐ Neurosensory Assessment
 - ☐ MEND Exam
 - ☐ Modified NIH Stroke Scale
 - ☐ Certified NIH Stroke Scale
 - ☐ Modified Massey Bedside Swallowing Screen
 - ☐ New Stroke Symptoms



Add



Remove

Groups/Rows you have chosen to add

Expand All

Collapse All

Existing and selected groups/rows in the template are in gray text.

Right Dabinski Reflex

Glasgow Coma Scale * If coma score is persistently 5 or less , patient may be potential organ donor. Call Donor Information Referral Line per

Eye Opening				2					3
-------------	--	--	--	---	--	--	--	--	---

Best Verbal Response				1					1
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Best Motor Response				4					4
---------------------	--	--	--	---	--	--	--	--	---

Glasgow Coma Scale Score (calc)				7					8
---------------------------------	--	--	--	---	--	--	--	--	---

Organ Procurement

Call placed to Organ Procurement Organization									
---	--	--	--	--	--	--	--	--	--

Case Number									
-------------	--	--	--	--	--	--	--	--	--

Delirium-Critical Care

The Human Side

- Shift Supervisors
- Spiritual Care

Hard Copy Tools

- ✓ Green Chart Sheet
- ✓ Timely Referral Worksheet
- ✓ Badge Buddies
- ✓ End Of Life Packet
 - ✓ After death check list



Organ & Tissue Donation

800.448.4644

FOR ORGAN DONATION, CALL:

Within 1 hour of patient meeting any of the following clinical triggers:

- Vented; GCS \leq 5
- Loss of 2 or more brainstem reflexes
- Discussion of brain death
- End of life discussions occur
- PRIOR to extubation
- When family mentions donation

If the patient does not meet any of these criteria, please call within 1 hour of cardiac time of death for tissue/eye donation.



Making the call is the first step of the evaluation process and allows Donor Alliance to form a plan with you.

Do NOT mention donation to the family.

Thank you!



Patient Hospital Label

A referral call* to the Donor Information Line (1-800-448-4644) has been made because this patient meets these clinical triggers:

- ☐ Absence of: ☐ paralytics ☐ artificially induced coma ☐ hypothermia protocol.
- ☐ Loss of brain/brain stem reflexes (please check all that apply)
 - ☐ Pupils non-reactive
 - ☐ Negative Doll's eyes
 - ☐ Unresponsive to painful stimuli
 - ☐ Negative Cold Calorics
 - ☐ Absence of cough
 - ☐ Absence of spontaneous respirations on ventilator
 - ☐ Absence of gag
- ☐ Discussion of brain death testing
- ☐ End of Life/Comfort Care/Withdrawal of Life Support decisions are being considered by the family
- ☐ Family initiates discussion about donation

☐ At this time, this patient is a candidate for organ donation. Donor Alliance will remain in contact with hospital staff and will assist with the family approach when appropriate.

☐ This patient is not a candidate for organ donation but may be a candidate for tissue donation. Please call back to the Donor Information Line with the cardiac time of death and for eligible tissue donation options.

☐ This patient is not a candidate for donation.

*Please place referral sticker on the front of the chart and document all calls to or from Donor Alliance on the back of this chart divider.



<p>*Please document all calls to and from Donor Alliance with regards to this patient.</p>	<p>Patient Hospital Label</p>
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[illegible]

Imminent Death/Timely Referral

After making the referral call to Donor Alliance, an Organ Recovery Coordinator will be calling you to obtain more in-depth information. Here are the frequently asked questions:

Information Needed	Specifics	Donor Alliance requests
Reason for Admission _____	Trauma vs Non-trauma Down time _____ CPR time _____	
Blood Products ABO (if known) _____	PRBC _____ FFP _____ Platelets _____	
LABS	BUN _____ Cr _____ AST _____ ALT _____ CBC _____ WBC _____ UA _____ Cardiac enzymes _____	
Past medical history	Surgeries HTN Cancer (when, what type, active or not, treatments) _____ Hep B _____ Hep C _____ HIV _____	
Hemodynamics BP _____ O2 Sat _____ Temp _____ HR _____ Urine output _____	Pressors/Antihypertensives _____ Vent Settings: Tidal volume _____ Rate _____ FIO2 _____ PEEP _____ Oxygenating well? Hypothermia Rewarm date/time _____ Sedation or Paralytics _____	
Infection	Antibiotics _____	
Neuro Assessment (present or absent) Current GCS = _____	Pupils _____ Cough _____ Corneals _____ Gag _____ Dolls eyes _____ Voluntary movement _____ Cold calorics _____ Response to stimulation _____ Apnea _____	
Current Hospital/Family plan:	Hospital/Donor Alliance plan:	

This form is NOT a part of the medical record.

After Death Check List

Date of Death: _____ Time: _____

	Yes	No	Time	Remarks
1. Notify Donor Alliance of Potential Candidates 1-800-448-4644 (call prior to notifying the designated requestor) HCFA/CMS mandates evaluation for donor eligibility for ALL deaths. Options for phone call: <input type="checkbox"/> Organs <input type="checkbox"/> Bone/Tissue <input type="checkbox"/> Vertebral Bodies <input type="checkbox"/> Skin <input type="checkbox"/> Heart Valves <input type="checkbox"/> Eyes				Referral #: _____
2. Re-contact Donor Alliance with time of death, if requested.				
3. Patient listed on Donor Registry: If yes, consent from family not required. Obtain Next of Kin phone number for Donor Information Line to contact.				
4. Determination of Coroner's Case (See page 2 for criteria) "All Trauma cases are to be reported to Coroner"				
5. Attending physician notified				
6. Pronounced dead by: a. RN "Determination of Death" form completed				
7. Supervisor and Spiritual Care notified				
8. Family notified				
9. Designated Requestor Notified: a. Family decision - If "yes" complete "Authorization for Donation of Anatomical Gift"				
10. If Coroner's case (See # 3 above), notify Coroner at phone # 256-6462 per Standard PC DeathCare.004 "Coroner's Notification" a. Notify Risk Manager at 2282 and leave in all tubes, lines, drains, casts, restraints				Coroner released body: Y / N
11. Complete "Mortuary Release" form with family				
12. Notify Mortuary: _____ or name of family member assuming responsibility of mortuary.				
13. If Hospice patient, notify Grand Valley Hospice at 241-2212				
14. Family or Physician Requested Autopsy (Leave all tubes, lines, drains, casts, restraints in place) a. Autopsy permit signed b. Notify Pathologist c. Send chart to Pathology				
15. Personal medications given to: <input type="checkbox"/> Family: _____ <input type="checkbox"/> Pharmacy: _____				
16. Clothing and personal articles given to: <input type="checkbox"/> Family: _____ <input type="checkbox"/> Other: _____				
17. Body prepared for morgue (bathe body as necessary) a. ID bracelet and toe tag on b. Dentures/artificial eyes: <input type="checkbox"/> In place <input type="checkbox"/> Sent with body <input type="checkbox"/> Artificial limbs sent with body c. Body placed in body bag (Obtain from Material Distribution)				
18. Body to morgue (Obtain key from Material Distribution and morgue cart) Log in with Material Distribution and leave "Mortuary Release" form				
19. Discharge in eSummit				

Signature: _____ Date: _____ Time: _____



PATIENT INFORMATION

Place label here.
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outside this guide.

After Death Check List
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Is This a Reportable Death?

Deaths that fall under any one of the criteria listed below must be reported to the Mesa County Coroner's Office per statute.

Yes	Reason
<input type="checkbox"/>	When death was sudden and happened to a person in good health. Usually a person that is otherwise in good health without established medical history.
<input type="checkbox"/>	Cause of death is unknown. Doctors have been unable to determine a cause of death.
<input type="checkbox"/>	When a death occurs in a hospital less than 24 hours after admission or after an invasive procedure. All Emergency Department Deaths. Where the procedure being performed is considered by others in the profession to be of relatively low risk and the patient dies unexpectedly. Where the death of the patient occurs during the performance of a procedure or during the immediate postoperative period and the patient's condition was not to be considered to be life threatening prior to the initiation of the procedure.
<input type="checkbox"/>	Death from external violence, an unexplained cause or under suspicious circumstances. Death from any trauma, regardless of time elapsed since the injury. This could be from a few days to many years.
<input type="checkbox"/>	Death may appear to be of natural causes but death is related to a trauma. For example: admitted as MVC patient and died of pneumonia 2 weeks later.
<input type="checkbox"/>	Any death suspected to be due to alcohol or alcohol intoxication or the result of exposure to toxic agents. Alcohol intoxication, drug overdose, unknown ingestion of substances.
<input type="checkbox"/>	Any death due to neglect or suspected neglect. Child or dependent adult abuse or neglect, elder abuse or neglect.
<input type="checkbox"/>	Death related to an industrial accident or any death suspected to be involved with the decedent's occupation. Any worker's compensation death.
<input type="checkbox"/>	Death related to thermal, chemical, or radiation injury. Burn-related injuries resulting in death.
<input type="checkbox"/>	Death from disease which may be hazardous or contagious, or may constitute a threat to the health of the general public. All deaths considered to be "reportable" in accordance with the Colorado State Health Department Regulations. See list below. For complete list, see "Coroner's Notification" Patient Care Standard (PC.DeathCare.004).
<input type="checkbox"/>	Any death of an infant or child where the medical history has not established a pre-existing condition. Sudden unexplained infant death.
<input type="checkbox"/>	Any stillbirth: <ul style="list-style-type: none"> Of 20 or more weeks gestational age unattended by a physician Mother has a positive drug and/or alcohol screen upon admission Mother was involved in a traffic accident shortly before onset of labor Mother was assaulted shortly before the onset of labor
<input type="checkbox"/>	Any maternal death to include the death of a pregnant woman regardless of the length of the pregnancy, and up to one year post-delivery, even when the cause of death is unrelated to pregnancy.
<input type="checkbox"/>	Deaths from abortion. Self induced or criminally related.
<input type="checkbox"/>	Death occurring while in custody of law enforcement officials or while incarcerated in a public institution.

If you did not check any of the above, DO NOT CALL the coroner's office. If you checked any reasons "Yes", the coroner's office must be notified. If you have any questions, contact your supervisor. If your supervisor has questions, they may call the coroner's office.

To contact the Mesa County Coroner's Office, call 970-256-6462 and press option 1. Please list the name of the deputy coroner you spoke with along with the date and time below:

Deputy Coroner's Name: _____ Date: _____ Time: _____

Known or Suspected Diseases (Partial list only)						
Animal bites	Encephalitis	Hepatitis B	Mumps	Rabies	Syphilis	Trichinosis
Anthrax	H1N1	Malaria	Portusiss	Rubella	TB, Active	Tularemia
Botulism	Hepatitis A	Meningitis	Q Fever	SARS	Tetanus	Varicella

St. Mary's Hospital
& Regional Medical Center
Partners of Community of Healthcare Health System
2635 North 7th Street • Grand Junction, CO 81501



PATIENT INFORMATION

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After Death Check List
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