



## Future State: Phys Track - Transitions - Organ and Tissue Donation

Cerner Workflow ID: 20073 (v. 8.0) Client Workflow ID: 6

Last updated by Tina Van Egmond, May 09, 2024 3:45pm (UTC -4 hours)

**Workflow Details:**

Workflow Name: Phys Track - Transitions - Organ and Tissue Donation

Workflow State: Future State

Workstream: Intradepartmental

Venue: Acute Care

Client Owner:

Cerner Owner:

Standard: Yes

Related Workflow(s):

Tags:

**Workflow Summary:**

Service Line:

Related Solution(s): PowerChart

Registration Management

Revenue Cycle Registration

Project Name: Niagara Health System:OPT-0297674:NIAG\_CD Niagara HIS RFP

TestBuilder Script(s):

Cerner Workflow ID: 20073 (v. 8.0)

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Workflow Notes:

Introduced By: WS 6

Validated By: WS 8

**Swim Lane:**

Role(s): Prescriber [Custom]

MRP [Custom]

Department(s):

Security Position(s):

**Start/Stop [183]**

Description: Patient is critically ill. WLS is being considered.

Comments: Physicians, nurses, and RT's can notify TGLN of potential candidate

WLS = Withdrawal of life support

**Work Step [134]**Description: Initiate "ICU Consented Donation After Death By Circulatory Determination (DCC)"  
PowerPlan

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Comments: DCC cases withdraw life sustaining therapy in the PACU room beside OR, or where appropriate.

MAiD patients would go through the DCC workflow

**Work Step [140]**

Description: Continue assessment and treatment until time of surgery

Comments: Testing and information gathering for the possibility of organ donation.

Patient needs to be declared by two physicians as per DCC protocol.

If consent obtained in Welland, pt will be transferred to Greater Niagara or St Catherines for Organ donation procurement

**Decision [144]**

Description: Does the patient die timely?

**Work Step [146]**

Description: Ongoing end of life care in the ICU

**Off Page Reference [10]**

Workflow Link: Phys Track - Transitions - Patient Deceased

Comments: If patient not eligible for Organ Donation, call TGLN back at time of death for possibility of tissue donation.

Unit staff to bring completed death certificate to registration.

**Decision [130]**

Description: DNC or DCC?

Comments: DNC = Donation after Neurological Criteria  
DCC = Donation after Cardiac Criteria

Organ Donation and Tissue Specialist (ODTS) to determine which pathway we would take here (DNC vs. DCC) and determine declarations.

WHS does not do procurement and these patients would have to be transferred for organ procurement at SCS or NFS.

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**Work Step [135]**

Description: Initiate "ICU Consented Donation after Neurologically Determined Death (DNC)" PowerPlan

Comments: DNC cases transfer directly into OR for organ procurement

**Work Step [141]**

Description: Continue assessment and treatment until time of surgery

Comments: Testing and information gathering for the possibility of organ donation.

If consent obtained at WHS, patient will be transferred to NFS or SCS for Organ donation procurement.

**Swim Lane:**

Role(s): Inpatient Nurse

Department(s):

Security Position(s):

**Work Step [81]**

Description: Care Team to notify TGLN if patient meets GIFT+ criteria, or if WLS is being discussed

Comments: WLS = Withdrawal of life support

From Combined Organ and Tissue Donation policy 540-005-015: In accordance with the Trillium Gift of Life Network Act and consistent with NH's notification indicators, hospital staff will notify TGLN when any patient meets the GIFT+ criteria, which includes a patient who has been confirmed by one physician as meeting the eligibility requirements for MAiD. The notification and subsequent number assigned by TGLN shall be recorded in the patient's chart. A physician's order is not required to notify TGLN.

**Work Step [185]**

Description: Document TGLN number, outcome of the call and any comments in iView using the Worksheet as a guide.

**Decision [114]**

Description: Is consent obtained for Organ Donation?

Comments: TGLN will have assessed the patient as per their protocols.

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**Work Step [96]**

Description: Request for transport for pt to be moved to the OR via CapMan.

Comments: If DCC, ensure request for PACU bed is also placed. In these cases, need extra support staff including transport techs, RT's, Intensivist, etc. to help transport patient to the PACU.

Inpatient Nursing staff transports the patient to the OR.

**Swim Lane:**

Role(s): Organ Donation & Tissue Specialist [Custom]

Department(s):

Security Position(s):

**Work Step [116]**

Description: Meet with family to consent for possibility of organ and tissue donation

Comments: Organ or Tissue Viability and Eligibility is determined.

If tissue eligibility is determined, need for OR for more extensive tissue procurements or the morgue for less invasive procurements (i.e. eyes etc.).

**Decision [118]**

Description: Does the family/appropriate proxy consent?

**Work Step [90]**

Description: Initiate testing and communicate with care team which testing is required

**Work Step [40]**

Description: Coordinate OR booking with the periop nurse and prepare patient for organ retrieval procedure

Comments: Procurement Coordinator would be handling this step

**Work Step [120]**

Description: Close case

Comments: Call back to TGLN at time of death for possibility of tissue

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donation. Tissue Similar process to Organ Donation but it's not a rushed case (priority C).

**Swim Lane:**

Role(s): External Procurement Team [Custom]

Department(s):

Security Position(s):

**Work Step [32]**

Description: Organ retrieval surgery/procedure is completed

Comments: Case is booked as an emergency add on (priority 2). Schedule is determined by procurement team, family wishes, etc.

**Off Page Reference [205]**

Workflow Link: Perioperative - Intraop/Intraprocedure

**Swim Lane:**

Role(s): Perioperative Nurse [Custom]

Department(s):

Security Position(s):

**Work Step [161]**

Description: Request for transport body to morgue

Comments: Security will escort Nurse/Transport Technician when transporting the deceased from the unit to the Morgue facility.

Please reference

policies 1.) "Transporting a Body to the Morgue Facility" 357-030-001 thru to 357-030-010 and 2.) "Belongings / Valuables of Deceased" 357-020-001 and 357-020-002 for more detail

**Work Step [27]**

Description: Patient is deceased and discharged via PM conversation "Discharge Encounter" with a disposition of "Died in facility"

Comments: DNC case is then discharged from system after procurement.

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Discharge Date and Time must equal the clinical death Date and Time as per TGLN documentation as documented by the nurse.

**Off Page Reference [24]**

Workflow Link: Perioperative - Schedule Emergency Appointment - Main OR

**Work Step [157]**

Description: Provide post mortem care & follow any wishes stated by the family

Comments: Follow any wishes stated by coroner or family (located on TGLN consent).

Autopsy Required – if you aren't sure about this, just ask the team. Send chart to lab- all lines and tubes remain in patient, shroud patient

Forensic Autopsy Required – most likely there will be a police officer present, send copy of chart with patient- all lines and tubes remain in patient, shroud patient.

No Autopsy Required - Remove all lines and tubes, wash patient, ID tag on toe and outside of shroud.

Patient Belonging form (form 900257) sent with body.

**Decision [162]**

Description: Where is the patient being sent?

**Work Step [163]**

Description: Ensure chart is with the patient and all Lines, Tubes & Drains remain intact

Comments: A police officer most likely will be present

**Work Step [211]**

Description: Request for transport body to morgue

Comments: Security will escort Nurse/Transport Technician when transporting

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**Swim Lane:**

Role(s): Registration Clerk

Department(s):

Security Position(s):

**Work Step [220]**

Description: Death notification received via Discharge Patient order. Death Record Powerform is reviewed to collect info for Death Checklist.

Comments: The registration clerks will receive death notifications in the form of an order requisition from the "Discharge Patient" order to assigned printers.

The clerk would then go into PowerChart to obtain copy of Death Notification that has data elements needed for Death Checklist.

**Work Step [225]**

Description: Security brings Morgue Record of Deceased form to registration

**Start/Stop [224]**

Description: TGLN calls registration when body is able to be released, or Registration Clerk can call TGLN to inquire

**Swim Lane:**

Role(s): Morgue

Department(s):

Security Position(s):

**Work Step [222]**

Description: Patient is transferred to morgue, into coroner's care or funeral home.

Comments: Tissue procurement initiated in the morgue. May transfer out of morgue to OR for more extensive tissue procurement by the External Procurement Team. For eyes and less extensive tissue procurements,



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this is done by Local Procurement Team in the morgue (hired through TGLN).

**Facilities:**

Facility Name: Niagara Health System (All five acute hospitals)

Status: Pending Approval

Facility Cerner Owner: Baker, Chrissy M

Facility Client Owner: Van Egmond, Tina

Authorize Date:

Facility Comments: