

goals for oversight of the process for organ and tissue procurement is establishing requirements for consent. Hospital staff are trained on the donation process and support patient and family choices about the donation of organs and tissues. Staff are also trained in contemporary concerns and issues related to organ donation and availability of transplants. The hospital cooperates with other hospitals and agencies in the community responsible for all or a portion of the procurement, banking, transportation, or transplantation process.

### **Measurable Elements of COP.09.01**

1. ④ The hospital develops a written organ and tissue donation and procurement process that is consistent with the region's laws and regulations and its religious and cultural values.
2. The hospital identifies consent requirements for organ and tissue donation and procurement and develops a consent process consistent with those requirements.
3. Staff are trained on the issues and concerns related to organ donation and tissue procurement and the availability of transplants.
4. The hospital cooperates with relevant hospitals and agencies in the community to respect and to implement choices to donate.

## **Standard COP.09.02**

The hospital's leaders provide resources to support the organ, tissue, and/or cell transplant program.

### **Intent of COP.09.02**

The transplant program requires staff with specialized education, training, and resources to provide safe, high-quality care. Staff education and training must be specific to the responsibilities and requirements of transplants provided by the hospital. Other essential resources include supplies; patient rooms with ventilation required for the type of transplant procedure (for example, positive pressure ventilation); required pharmaceuticals for the type of transplant procedure; laboratory testing to ensure that tissues, organs, and cells are not contaminated; and other resources as identified by the program service leader. Resources related to information management systems are necessary to help collect data associated with risks, outcomes, and other information that support the transplant program's quality.

### **Measurable Elements of COP.09.02**

1. Staff education and training are specific to the types of organs, tissues, and/or cell transplants provided by the hospital.
2. The hospital's leaders allocate resources for the transplant program.
3. Information management systems are used to support the quality of the transplant program.

## **Standard COP.09.03**

The hospital identifies a qualified transplant program leader(s) and includes an interdisciplinary team that consists of clinical staff with expertise in the relevant transplant programs.

### **Intent of COP.09.03**

Oversight by a qualified individual(s) and the inclusion of an interdisciplinary care team ensures the quality and safety of transplant services and improves the success of the transplant and associated patient outcomes.

A qualified individual(s) must be responsible for supporting and overseeing all transplant program activities. This individual(s) has support and oversight defined in a job description and is qualified to manage transplant services through education, training, experience, licensure, and/or certification. The required qualifications depend on the activities carried out.

Transplant recipients and living donors have specific nursing, psychological, pharmacological, and nutritional needs. As related to the type of transplant, an interdisciplinary team consists of individuals from the following:

- Medicine
- Nursing
- Nutrition
- Pharmacology
- Infection prevention and control
- Social services
- Fertility services
- Psychological services
- Rehabilitative services

This team should have the qualifications, training, and experience to provide care and services to transplant recipients and living donors. Hospitals with transplant programs consider the types of organs and/or tissues harvested and/or transplanted when creating their interdisciplinary transplant teams. These teams are formed with consideration for the specific risks, challenges, needs, laws and regulations, and professional guidelines for each type of transplant.

### Measurable Elements of COP.09.03

1. ④ The transplant program has an infrastructure, including systems and written policies and procedures, capable of supporting all aspects of the program.
2. A qualified individual(s) oversees and manages the transplant program.
3. The individual(s) fulfills the program's oversight responsibilities as defined by the transplant program.
4. ④ The transplant program documents the composition of each transplant team(s).
5. ④ The transplant program documents the team members' responsibilities.
6. Based on the services provided by the transplant team, the team includes individuals experienced in medicine, nursing, nutrition, pharmacology, infection prevention and control, social services, psychological services, rehabilitative services, and transplant coordination.
7. The transplant program evaluates team members for qualifications, training, and experience at the time each individual is being considered for the transplant team.

## Standard COP.09.04

There is a designated coordination mechanism for all transplant activities.

### Intent of COP.09.04

An important component in ensuring safe, high-quality care through all phases of the donor/recipient process is ensuring the coordination and continuity of the live donor's and transplant recipient's care. Transplant services carry unique and critical risks to organ, tissue, and cell recipients and, in the case of living donors, to the donor. The complex care required by the donor and recipient necessitate a coordination mechanism, typically a qualified clinical staff member. This individual ensures continuity of care for the donor and/or the recipient throughout the transplant process. This individual is also responsible for communication with the care team about the donor's and/or recipient's care. This may occur through facilitated meetings and documentation.

The individual responsible for the coordination of all transplant activities may be a physician, registered nurse, or other qualified clinical staff member—this individual may be known as a “transplant coordinator.”