

End-of-life care provided by the hospital includes but is not limited to the following:

- Taking interventions to manage pain and discomfort
- Providing appropriate treatment for any symptoms according to the wishes of the patient and family
- Sensitively addressing such issues as autopsy and organ donation
- Respecting the patient's values, religion, and cultural preferences
- Involving the patient and family in all aspects of care
- Responding to the psychological, emotional, spiritual, and cultural concerns of the patient and family

To accomplish these goals, all staff should be educated and trained to assess and manage the needs of patients and their families at the end of life. The hospital's goal for providing care at the end of life considers the settings in which care or service is provided (such as a hospice or palliative care unit), the type of services provided, and the patient population served. The hospital develops processes to manage end-of-life care, including the use of recognized assessment tools such as the Palliative Performance Scale, or others when appropriate. These processes include the following:

- Assessing and managing symptoms
- Defining the frequency of assessments
- Treating terminally ill patients with dignity and respect
- Planning preventive and therapeutic approaches to manage symptoms
- Educating patients, family, and staff about managing symptoms
- Providing support to the patient's family and/or caregivers
- Providing support to staff members caring for the dying patient

Measurable Elements of COP.08.00

1. The hospital has a process to assess and manage the needs of patients receiving end-of-life care.
2. Staff are educated and trained about assessing and managing needs of patients and their families at the end of life.
3. The hospital provides patient care and support services that accommodate the patient and their family with consideration of their personal, spiritual/religious, and cultural preferences.
4. End-of-life care addresses the symptoms, conditions, and health care needs of the dying patient as indicated by their assessment, including pain and comfort needs.
5. The patient and family are involved in end-of-life care decisions.
6. The hospital provides support to the patient's family, caregivers, and staff members caring for the dying patient.

Hospitals Providing Transplant Services

Note: The following standards are intended to be used in situations when patients request information about organ and tissue donation and/or when organ or tissue donation may occur. When organ or tissue donation and transplantation are performed, the standards for organ and tissue transplant programs apply. It is recognized that there are significant differences between organ and tissue transplants. The requirements apply to both, respectively, depending on the services the hospital offers. For example, if a hospital performs only tissue transplant services, the requirements then apply to the tissue transplant services offered by the hospital. The following are considered *tissue* and *cell products* for the standards below.

Examples of Tissue and Cell Products

- Amnion/amniotic membrane
- Arteries
- Autologous cells
- Autologous tissue
- Bone

- Bone marrow
- Bone paste
- Bone powder
- Bone putty
- Cancellous chips
- Cardiac (heart) valves (aortic, pulmonary)
- Cartilage
- Chondrocytes
- Cornea
- Demineralized bone matrix
- Dendritic cells
- Dermal matrix
- Dermis
- Dura mater
- Embryo
- Fascia/fascia lata
- Hematopoietic stem cells
- Leukocytes
- Ligaments
- Limbal graft
- Limbal stem cells
- Lymphocytes
- Marrow
- Membrane
- Meniscus
- Nerves
- Non-valved conduits
- Oocyte/ovarian cells
- Ovarian tissue
- Pancreatic islet cells
- Parathyroid
- Pericardium
- Peripheral blood stem cells
- Progenitor cells
- Sclera
- Semen, sperm
- Skin
- Somatic cells
- Tendons
- Testicular tissue
- Therapeutic cells (T-cell apheresis)/T-cells
- Tissue (also synthetic tissue)
- Trachea
- Umbilical cord blood stem cells
- Vascular graft
- Veins (saphenous, femoral, iliac)
- Other cellular- and tissue-based transplant or implant products whether classified by the US Food and Drug Administration (FDA) as a tissue or a medical device
- Other tissues that are classified as tissues by national or regional laws and regulations

Transplantation of organs is often a lifesaving procedure, and organ and tissue transplants are sometimes the only options for treatment of a wide range of diseases. Recent advances in transplantation have led to a greater success rate for transplanted organs and tissues. However, transplantation is not free from risk. Transmission of infections from the donor to the recipient is a well-documented safety concern. Diseases with documented transmission from infected donors after transplant include HIV, hepatitis B and C, and Creutzfeldt-Jakob disease (CJD). Recipients may also contract bacterial or fungal infections through contamination during transportation, storage, or handling.

Leaders' commitment to creating a culture conducive to organ and tissue donation can have significant impact on the overall success of the hospital's organ and tissue procurement efforts. These standards address the hospital's responsibilities for organ and tissue donation and procurement. This includes anyone determined medically suitable for donation by the organ procurement organization. If the hospital has the necessary resources to support the recovery of organs and tissues after cardiac death, non-heart-beating donors are included in the organ procurement effort.

Standard COP.09.00

The hospital informs patients and families about how to donate organs and other tissues.

Intent of COP.09.00

Patients and families receive information about the donation process and the way organ procurement is organized for the community, region, or nation (such as a national or regional organ procurement agency or network) to ensure organ donor and recipient safety. Many countries have developed procedures and systems to increase the supply of organs available for transplant. In some countries, laws determine that everyone is a donor unless specified otherwise. This is considered presumed consent. Other countries require explicit consent for organ donation.

The hospital is responsible for defining the process of obtaining and recording consent for cell, tissue, and organ donation in accordance with international ethical standards and the way organ procurement is organized in the hospital's country. The hospital has a responsibility to ensure that adequate controls are in place to prevent patients from feeling pressured to donate.

The hospital supports the choice of patients and families to donate organs and other tissues for research or transplantation. Information is provided to patients and families on the donation process and the way organ procurement is organized for the community, region, or nation.

Measurable Elements of COP.09.00

1. The hospital supports patient and family choices to donate organs and other tissues.
 2. The hospital provides information to patients and families on the donation process.
 3. The hospital provides information to the patient and family on the manner in which organ procurement is organized.
 4. The hospital ensures that adequate controls are in place to prevent patients from feeling pressured to donate.
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Standard COP.09.01

The hospital provides oversight for the process of organ and tissue procurement.

Intent of COP.09.01

Oversight for the process of organ and tissue procurement is needed to ensure that it is consistent with laws and regulations, respects the community's religious and cultural values, and is ethical. One of the primary