Shared Protocol for Organ Recovery in Medical Examiner/Coroner Cases

PURPOSE
The purpose of this Shared Protocol is to support organ transplantation in Illinois by establishing a consistent written process for collaboration and communication among Gift of Hope, the federally designated Organ Procurement Organization (OPO), Medical Examiners, Coroners, Law Enforcement, and State’s Attorneys when an individual who is or may be under ME/C jurisdiction is also a potential organ donor.

SUMMARY
State’s Attorneys, Medical Examiners and Coroners (ME/Cs), and Law Enforcement Officials play key roles in ensuring that Illinois patients and families are not unreasonably denied the opportunity to participate in the miracle of organ transplantation. Preserving and protecting this opportunity for all Illinois patients and their families requires close and careful collaboration among many parties, including: the patient’s family, Gift of Hope (the federally-designated organ recovery service provider or OPO), Hospitals, Health Care Providers, ME/Cs, Law Enforcement, and State’s Attorneys. Effective cooperation saves the lives of countless patients in need of organ transplantation and ensures that all available forensic and pathological evidence is collected and preserved. In many cases, organ donation can provide information that would not otherwise be available in an investigation. This Shared Recovery Protocol describes how this essential process occurs.

OUTLINE

1. BACKGROUND & COLLABORATIVE GOALS........................................................................................................1
2. INITIAL OPO & ME/C COMMUNICATION & REVIEW .................................................................................. 2
   2.1 Initial GOH & ME/C Communication.............................................................................................................2
   2.2 Initial Verbal Review of Injuries & Medical Conditions ..............................................................................3
   2.3 Discussion with Decedent’s Family or Authorized Representative............................................................3
   2.4 Consultation with Law Enforcement ...........................................................................................................3
   2.5 Consultation with State’s Attorneys ............................................................................................................3
   2.6 Documentation of Denials .........................................................................................................................3
3. PLAN FOR COLLECTION & PRESERVATION OF INFORMATION & EVIDENCE ................................. 4
   3.1 Collaborative Organ & Tissue Recovery Procedure ..................................................................................4
4. INDEMNIFICATION ...........................................................................................................................................4

1. BACKGROUND & COLLABORATIVE GOALS

The scarcity of organs available to save the lives of patients in need has been a recognized public health challenge for decades. As of this writing, over four thousand (4,000) people in Illinois are on the waiting list for a life-saving organ, and another person is added to that list every ten minutes. On average, 18 people across the nation die every day while awaiting an organ that may have saved them.
It has been estimated that as many as 70% of potential donors fall under medical examiner/coroner (ME/C) jurisdiction. Therefore, ME/Cs frequently play a critical role in making organs available for transplantation. Because ME/Cs are also responsible for documenting and collecting appropriate evidence in cases falling under their jurisdiction and determining cause and manner of death, it is essential that the organ recovery occur in a carefully coordinated manner.

In the early 2000s, there was wide variation in ME/C practices regarding the release of potential organ and tissue donors. Some ME/Cs were inclined to deny recovery of organs and/or tissues for transplantation asserting that recovery would interfere with their ability to fulfill their legal mandate: to determine the cause and manner of death, and to ensure that appropriate evidence is collected and preserved. In 2007, the National Association of Medical Examiners (NAME) conducted a detailed analysis of this variation in practice and concluded that, with appropriate communication and cooperation, this should not be the case in the vast majority of situations. In 2014, NAME revisited its prior position and upheld its prior finding that:

“ME/Cs should permit the recovery of organs and/or tissues from decedents falling under their jurisdiction in virtually all cases, to include cases of suspected child abuse, other homicides, and sudden unexpected deaths in infants. It is recognized that blanket approvals may not be possible in every case, and may require an “approval with restriction(s). ... Some ME/C offices currently have “zero denials” and this should be the goal of every ME/C office.”

Other States have adopted legislation to support a collaborative process and have successfully achieved “zero denials” or organs viable for transplant for over a decade. This Shared Protocol is intended achieve “zero denials” without the need for legislation. By establishing a thoughtful collaborative process developed and endorsed by ME/Cs, Law Enforcement, State’s Attorneys, and the GOH team. Through this Shared Protocol document, the parties seek to:

- Establish a collaborative and cooperative relationship and process that supports the fulfillment of each party’s statutory or professional obligations and promotes the recovery of scarce transplantable organs and tissue.
- Reduce the number of deaths that occur in Illinois by achieving the “zero denial” status maintained by other States.
- Ensure critical information sharing, informed decision making, and efficient use of resources.

2. INITIAL OPO & ME/C COMMUNICATION & REVIEW

2.1 Initial GOH & ME/C Communication

Typically, the hospital will notify the ME/C if a potential organ donor may come under the ME/C’s jurisdiction. If this has not happened, the GOH ME/C Liaison will contact the ME/C. If
the ME/C is informed of a decedent by the hospital, and GOH has not been contacted, the ME/C will contact GOH. The GOH Liaison and the ME/C will establish a communication plan.

2.2 *Initial Verbal Review of Injuries & Medical Conditions*

The GOH Liaison will support the collection and sharing of clinical information with the ME/C or the forensic pathologist, including a description of:

- injuries and/or medical conditions documented to date
- testing reports (CT scans, x-ray reports)
- physician admission history/physical exams

2.3 *Discussion with Decedent’s Family or Authorized Representative*

The determination of eligibility for organ donation is complex and fact specific. The Gift of Hope team is specially trained to analyze the unique circumstances of each potential donor, consult with the ME/C, and conduct detailed discussions with the potential donor’s family or legally authorized representative regarding donation. Federal regulations require hospitals to inform Gift of Hope of possible organ donors, and provide Gift of Hope the opportunity to evaluate whether it is appropriate to discuss organ donation with the patient’s family members or other authorized representative. If the potential donor previously executed a legally binding anatomical gift, additional authorization from the legal next of kin is not necessary to proceed with donation.

In most circumstances, the ME/C, law enforcement, and state’s attorneys should allow OPO team members to manage donor family communications and are respectfully requested to refrain from discussing organ and tissue donation with the potential donor family without prior consultation with and/or the presence of the OPO team.

2.4 *Consultation with Law Enforcement*

If Law Enforcement is present at the hospital, the OPO team or the ME/C will request that Law Enforcement do not discuss potential organ and/or tissue donation with the potential donor’s family. Determining whether organ and/or tissue recovery is possible is a complex case-by-case decision made by the ME/C, working in close collaboration with a forensic pathologist, law enforcement, prosecuting attorneys, and OPO team members.

2.5 *Consultation with State’s Attorneys*

Illinois Statutes provide that the ME/C has the authority to release transplantable organs and tissue to Gift of Hope. If a State’s Attorney has any questions or concerns about the preservation of evidence in conjunction with organ and tissue recovery, Gift of Hope has an expert forensic pathologist available to respond.

2.6 *Documentation of Denials*

Gift of Hope will document and denials or restrictions on the recovery of transplantable organs on the Procedure form included as *Exhibit A.*
3. PLAN FOR COLLECTION & PRESERVATION OF INFORMATION & EVIDENCE

For each individual case, the OPO team and ME/C will cooperate to implement the Collaborative Organ & Tissue Recovery Procedure which details how certain information and evidence will be documented, collected, and maintained. See Exhibit A.

4. INDEMNIFICATION

Illinois Statutes currently provide immunity for individuals who act or attempt in good faith to support organ and tissue recovery.
1. **Coroner/Pathologist Information**

   Coroner: ______________________  Contact Info: ________________

   Pathologist: _________________  Contact Info: ________________

2. **Decedent Information**

   Name: ______________________  Date of Birth: _____________  Age: ______  Gender: ______

3. **Decedent Next of Kin or Legal Representative**

   Name: ______________________  Relationship: ______________  Contact Info: ______

4. **Hospital Information**

   Hospital: ______________________  Attending Physician: ________________  Contact Info: ________________

   Primary Nurse: _________________  Contact Info: ________________

5. **Gift of Hope Information**

   Donation Coordinator: ________________  Contact Info: ________________

   ME/C Liaison: _________________  Contact Info: ________________

6. **Law Enforcement Information**  
   *please provide name of law enforcement officer handling the case (if known and available):*

   Investigating Agency (if known): ________________  Location of Incident (city and county, if known):

   ________________

   Name: ________________  Contact: ________________

7. **Initial Clinical Information (brief summary)**

   __________________________________________________

   __________________________________________________

   __________________________________________________

8. **Initial Release for Recovery**

   The GOH Donation Coordinator and the ME/C will discuss the initial release planning. Any release restrictions and the reasons for the restriction are documented below. An ME/Cs release may consist of:

   - Release of all organs and tissues.
   - Release of selected organs and/or tissues prior to autopsy.
   - Release of selected tissues after autopsy.
   - Or any combination thereof.
Organ Recovery Protocol

<table>
<thead>
<tr>
<th>Organ</th>
<th>Release Restriction</th>
<th>Reason</th>
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<tbody>
<tr>
<td>Heart</td>
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<td>Lungs</td>
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<td>Kidneys</td>
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<td>Pancreas</td>
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<tr>
<td>Liver</td>
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9. **External Examination**

The GOH Donation Coordinator and the ME/C will discuss the external examination. The GOH Donation Coordinator will facilitate any request by the ME/C or forensic pathologist to perform an external examination prior to organ or tissue recovery. If the ME/C is not available to perform the external examination prior to organ/tissue recovery, at the request of the ME/C, the GOH Donation Coordinator will arrange for a GOH-contracted and ME/C-approved forensic pathologist to perform the external examination prior to recovery. GOH will reimburse the contracted forensic pathologist for his/her services. If the GOH Donation Coordinator or the surgical team participating in organ or tissue recovery observe any external injuries, the GOH Donation Coordinator will ensure that the ME/C or forensic pathologist is aware and photograph and document the injuries as instructed by the ME/C.

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. **Pre-Recovery Photographs**

The ME/C or the forensic pathologist may request photographs of the decedent in conjunction with the external examination prior to organ or tissue recovery. The Donation Coordinator will help facilitate a pre-recovery photographs upon request by the ME/C or forensic pathologist.

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. **Biological Specimens**

The Donation Coordinator and the ME/C or forensic pathologist will discuss biological specimens requested by the ME/C. The GOH Donation Coordinator will facilitate the collection of specimens for toxicology or chemical analysis as requested.

Yes No Serological Specimens
Requested Specimens: _____________________________________________________

Yes No Histological Specimens
Requested Specimens: _____________________________________________________

Yes No Other Tissue Specimens
Requested Specimens: _____________________________________________________

Yes No Vitreous Fluid
Requested Specimens: _____________________________________________________
Yes No | Urine
Requested Specimens: ____________________________________________________________________________

Yes No | Other
Requested Specimens: ____________________________________________________________________________

12. Radiographic Reports
The GOH Donation Coordinator will obtain copies of hospital imaging reports. The GOH Donation Coordinator will facilitate additional imaging as requested by the ME/C.

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

13. Internal Examination
The GOH Donation Coordinator and the ME/C will discuss the internal examination. The GOH Donation Coordinator will facilitate any request by the ME/C or forensic pathologist to perform an internal examination prior to organ or tissue recovery. Upon request by the ME/C, the GOH Donation Coordinator will arrange for a GOH-contracted and ME/C approved forensic pathologist to perform the internal examination prior to recovery. GOH will reimburse the contracted forensic pathologist for his/her services. If the GOH Donation Coordinator or the surgical team participating in organ or tissue recovery observe any internal injuries, the GOH Donation Coordinator will ensure that the ME/C or forensic pathologist is aware and photograph and document the injuries as instructed by the ME/C.

14. Preservation of Lines
If the ME/C intends to examine the decedent after recovery, when the recovery procedure is complete, all vascular access lines and other therapeutic appliances attached to the donor should be left in place. Those lines/appliances that have been inadvertently discontinued should have the insertion site circled and marked with an "Rx," indicating the site as a therapeutic intervention.

15. Pathological & Surgical Reports
The GOH Donation Coordinator and the ME/C or forensic pathologist will discuss the ME/C’s requests for pathological and/or surgical reports:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Organ Operative Report:</th>
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<tbody>
<tr>
<td></td>
<td>A formal, typewritten original of the recovery of each thoracic and/or abdominal surgeon’s “Operative Report to Supplement Autopsy Report” will be forwarded to the Coroner’s office in a timely fashion. This report is intended to be filed in the permanent file of the deceased. The operative report will be signed by the recovery surgeon(s) and include the following information:</td>
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<td>- Identification of the donor with hospital/medical record number</td>
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<td>- Date, time, and name of physician pronouncing death.</td>
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<td>- Brief clinical history and evaluation as a suitable donor.</td>
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<td>- Pre-operative condition of the area of the body that is involved in or impacted by the organ recovery.</td>
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<td>- Names of all surgeons involved in the recovery.</td>
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<td>- Description of abdominal and/or thoracic conditions including any preexisting injuries within the site of dissection.</td>
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<td>- Description of each organ recovered as normal, or specify any abnormalities.</td>
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<td>- General statement of the operative procedure and the condition of the body after the organ recovery is completed.</td>
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<tr>
<th>Yes</th>
<th>No</th>
<th><strong>Eye Operative Report:</strong></th>
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<td>A formal, typewritten original of the recovery of eye recovery will be forwarded to the Coroner’s office in a timely fashion. This report is intended to be filed in the permanent file of the deceased. The operative report will be signed by the recovery staff and include the following information:</td>
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<td></td>
<td>− Identification of the donor</td>
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<td>− Date and time of the recovery.</td>
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<td></td>
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<td>− Name(s) of the recovery staff.</td>
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<td>− Type of eye tissue recovered, whether vitreous and/or blood samples were collected.</td>
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<td>− A general statement of abnormalities or noteworthy conditions existing prior to recovery.</td>
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16. **Post-Transplant Follow-up Information**
   It is conceivable that the health of a donated organ may be called into question during subsequent legal proceedings, despite the fact that organ function was tested by transplant personnel prior to organ recovery. If this should occur, the OPO may be requested by the coroner’s office forensic pathologist to advise as to the outcome of the transplant surgery, at least as to whether or not the organ recipient survived. There would be no necessity to know the identity of the recipient(s) of the organ(s).

17. **Testimony**
   The GOH Donation Coordinator will prepare a report providing the names and contact information for each of the individuals who participated in the organ and/or tissue recovery. All individuals who participate in organ or tissue recovery must be willing to provide testimony regarding the recovery.

18. **Other**
   **Comments:**
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________