The Joint Commission has approved revisions to standard LD.3.110 that address organ procurement and donation. These revisions, effective January 1, 2007, are applicable to critical access hospitals and hospitals.

Revisions to the standard are shown in the box below with underline indicating new text and strikethrough indicating deleted text.

Revised Standard LD.3.110, Rationale, and EPs

**Effective January 1, 2007**

**Standard LD.3.110 [Critical Access Hospital, Hospital]**
The organization **Leaders** implements policies and procedures developed with the medical staff’s participation for procuring and donating organs and other tissues.

**Rationale for LD.3.110 [Critical Access Hospital, Hospital]**
Leadership’s commitment to creating a culture conducive to organ donation can have significant impact on the overall success of the hospital’s organ procurement efforts. The elements of performance in Standard LD.4.200 apply to all potential organ donors. This includes any individual who has been determined medically suitable for donation by the organ procurement organization (OPO). If the hospital has the necessary resources to support the recovery of organs after cardiac death, non-heart-beating donors are included in the organ procurement effort.

**Elements of Performance for LD.3.110**

A 1. **[Critical Access Hospital, Hospital]** The organization has an agreement with an appropriate organ procurement organization (OPO) and follows its rules and regulations.

A 2. **[Critical Access Hospital, Hospital]** The organization’s policies and procedures identify the OPO with which it is affiliated.

A 3. **[Critical Access Hospital, Hospital]** The organization has an agreement with at least one tissue bank and at least one eye bank (as long as the process does not interfere with organ procurement) to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes.

A 4. **[Critical Access Hospital, Hospital]** The hospital notifies the OPO is notified in a timely manner of a patient who has died, or whose death is imminent, as follows in the following ways:
   - In accordance with clinical triggers defined jointly with hospital medical staff and the designated OPO
   - Within time requirements jointly agreed to by the hospital and designated OPO (ideally, within one hour)
   - Prior to the withdrawal of any life-sustaining therapies including medical or pharmacological support

A 5. **[Hospital only]** In Department of Defense hospitals, Veterans Affairs medical centers, and other federally administered health care agencies, this notification is done according to procedures approved by the respective agency.

A 6. **[Critical Access Hospital, Hospital]** The OPO determines medical suitability for organ donation and, in the absence of alternative arrangements by the organization, for tissue and eye donation.

A 7. **[Critical Access Hospital, Hospital]** The organization has Procedures, developed in collaboration with the designated OPO, for notifying the family of each potential donor of the option to donate—or decline to donate—organs, tissues, or eyes.

A 8. **[Critical Access Hospital, Hospital]** This notification is made by an organ procurement representative or the organization’s designated requester.

A 9. **[Critical Access Hospital, Hospital]** Written documentation by the organization’s designated requester shows that the patient or family accepts or declines the opportunity for the patient to become an organ or tissue donor.

A 10. **[Critical Access Hospital, Hospital]** The organization’s education includes training in the use of exercise discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.

A 11. **[Critical Access Hospital, Hospital]** The organization maintains records of potential donors whose names have been sent to the OPO and tissue and eye banks.

A 12. **[Critical Access Hospital, Hospital]** The organization works with the OPO and tissue and eye banks as follows to do the following:
   - In reviewing death records to improve identification of potential donors
   - Ensure that the necessary testing and placement of potential donated organs, tissues, and eyes takes place, in order to maximize the viability of donor organs for transplant and maintain potential donors while preliminary suitability is determined
   - To maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place
   - In educating educate staff about donation issues
   - Develop a donation policy that addresses opportunities for asystolic recovery, based on an organ potential for donation that is mutually agreed upon by the designated OPO, hospital, and medical staff

A 13. **[Hospital only]** For Hospitals Performing Transplant Services: A organization transplanting human organs must belong to the organ procurement and transplantation network (OPTN) established under section 372 of the Public Health Service Act and must abide by its rules.

A 14. **[Hospital only]** For Hospitals Performing Transplant Services: If requested, the organization provides all organ transplant-related data to the OPTN, the Scientific Registry, or the hospital’s designated OPO.