GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

James Greer

Name of Individual Certifying this Document/Proposed Document

Director, Bureau of Health Services

Title

James Greer

Signature

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)
POLICY
Division of Adult Institution facilities shall assist in the facilitation of organ transplants to inmate patients in accordance with the attending prescriber’s order, adhering to the department’s prior authorization policy and procedure, the inmate patient health plan, and the rules and regulations of the designated transplant clinic.

REFERENCES
Wisconsin Statutes Ch. 155 – Power of Attorney for Health Care
Wisconsin Statutes Ch. 979 – Investigation of Deaths
DAI Policy 500.00.01 – Advance Directives for Health Care
DAI Policy 500.10.01 – Medical Autonomy
DAI Policy 500.10.12 – Prior Authorization Guidelines for Non-Urgent Care (Class III)

DEFINITIONS, ACRONYMS, AND FORMS
Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services
DOC – Department of Corrections
DOC-3718 – Transplant Evaluation Log
Donor – Person providing the organ
Minor – Person under the age of 18 years.
Recipient – Person receiving the organ
PSU – Psychological Services Unit

PROCEDURE
I. Organ Donation
   A. Organs of a deceased inmate patient may be offered for donation for transplantation if the inmate patient makes the request before they die.

   B. The facility Warden/designee, BHS Director and Medical Director shall be notified when inmate patient or relatives request donation of organs upon death.
C. Relatives of deceased inmate patients may request organ donation. However, the wishes of relatives cannot override an inmate patient’s directives regarding organ donation contained in an activated Power of Attorney for Health Care under Wisconsin Statutes Ch. 155.

D. Organs may be donated for transplant upon an inmate patient death only if the County Coroner has been contacted and has given permission for a modified autopsy and organ donation.

E. An inmate patient may donate organs to relatives if the procedure is conducted in a hospital approved by the DOC and completely paid for by the recipient of the organ, including additional expenses incurred by the DOC.

F. Donation could potentially include a DOC inmate donating to a relative who is also incarcerated within the DOC. In this case, the DOC would assume related costs.

G. The Paired Kidney Exchange Program may be considered for those inmate patients who are interested in being a live organ donor in an effort to assist a relative in obtaining a kidney donation from another donor.

H. Consideration shall be given to transporting an inmate out of state for transplant donation. Utilization of interstate compact is a consideration.

I. A minor cannot consent to organ donation.

J. The DOC will not authorize experimental procedures relating to the donation or receipt of an organ.

K. The Office of Legal Counsel shall be contacted to obtain a written agreement for donation of organs by an inmate patient to a relative, assuring all costs will be paid by recipient. The written agreement shall be signed by the relative recipient of an inmate patient’s donated organ.

L. PSU shall assess inmate patients who wish to donate organs to relatives. Assessment shall include:
   1. Assurance there is no coercion by the relatives.
   2. Determination of capacity for decision-making.

M. PSU shall also provide services as necessary for inmate patients either donating or receiving an organ as indicated.

II. Organ Transplants
   A. DOC-3718 – Transplant Evaluation Log shall be utilized for inmate patients being considered for transplant and during the transplant evaluation process.
B. Prior to the inmate patient being considered for evaluation for placement on the transplant wait list, the prior authorization approval process shall be completed unless the transplant is considered emergent.

C. If an inmate patient is admitted to the DOC and on a transplant list, the transplant clinic shall be contacted and made aware that the patient is now a DOC inmate.

D. The BHS Director and Medical Director shall be notified when an inmate patient is being considered for placement or on a transplant list.

E. An ACP shall request the evaluation of an inmate patient for a transplant at the designated transplant clinic per DAI Policy 500.10.12.

F. The inmate patient shall be scheduled for an appointment at the designated transplant clinic when approved through the prior authorization process for a transplant evaluation.

G. If the inmate patient is approved for an organ transplant by the designated transplant clinic, transplant options may potentially include both live or adaveric organ donation.

H. The Paired Kidney Exchange Program may be considered for those inmate patients who have difficulty finding an appropriate match or have knowledge of a live donor who is not a match for themselves.

I. Upon approval contact shall be made with the designated transplant clinic for the coordination of necessary follow-up appointments and routine laboratory draws.

J. Inmate patients shall be notified of the decision regarding the transplant.

K. Facilities shall ensure post-transplant monitoring, care, and treatment is provided.

Bureau of Health Services: ________________________________ Date Signed: ___________

James Greer, Director

________________________________ Date Signed: ___________

Ryan Holzmacher, MD, Medical Director

________________________________ Date Signed: ___________

Mary Muse, Nursing Director

Administrator’s Approval: ________________________________ Date Signed: ___________

Jim Schwochert, Administrator
REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE
I.
   A.
   B.
      1.
      2.
         a.
         b.
         c.
   3.
   C.
II.
III.

RESPONSIBILITY
I. Staff
II. Inmate
III. Other