

Completion Guidelines for Retrieval Team Information (RTI) Forms (FRM4125)



A form must be completed every time your retrieval team agrees a departure time to attend a donation, **whether or not you actually leave your base unit.**

It is vital that forms are completed legibly, accurately and with as much information as possible to ensure that your team data and Key Performance Indicators reflect accurately your team activity and performance. All forms should be completed and returned to ODT Hub Information Services within 3 days. Please see General Notes on the front of the form ([FRM4125](#)) for directions on how to complete the form and see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

SECTION 1 – DONOR DETAILS

Date Donor notified (*mandatory field*)

- Date when the NORS team received their first call from the SNOD/Hub Operations.

ODT Donor Number (*mandatory field*)

- Donor number must be completed in every case as there is no other information on the form to identify the donor.

Donor Hospital (*mandatory field*)

- Full name of the hospital must be completed, not simply the name of the town or city.

SECTION 2 – RETRIEVAL TEAM ATTENDING

Team Code (*mandatory field*)

- Team code must be completed using codes listed on the coversheet.
- Complete free text box if team is not listed (use code 60/61).

Time agreed with SNOD/Hub Operations that fully staffed team should leave base hospital (*mandatory field*)

- Always enter the date and time you were asked to leave base.
- If you are already at the hospital because you are attending another retrieval there, or it is your base unit, enter the time that you agree to leave for the theatre.

Time that fully staffed team actually left base hospital

- Always enter the date and time your team left base.
- If already at that hospital, enter time as the time you left for the donor theatre.

Reason for delay (if > 30 mins)

- Full reason must be provided if the delay is more than 30 minutes between the agreed time and the actual departure time. This will be referred to when investigating whether a breach to the 1-hour muster time has occurred.

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Time that fully staffed team arrived at donor hospital

- Only enter the date and time that your complete team (i.e. all members of the retrieval team) arrived.
- Reason for delay (if > 30 mins)
 - Full reason must be provided if the delay is more than 30 minutes after expected arrival time.
 - This will be referred to if a delay is identified on the KPI reports.

Was there a flight involved in the journey from the base hospital to donor hospital?

- Enter 1 for No
- Enter 2 for Yes
- If you are already at the hospital that you originally flew to because you have attended another retrieval there, then enter 2 (Yes).

Time that your team gained access to donor theatre

- Enter time that you were able to access donor theatre
If delay >1 hour from arrival at hospital to accessing donor theatre, please state reason why.
 - Enter appropriate reason code listed on the coversheet
 - If other (code 8), you **must** complete the free text box stating the reason for delays.

Did your team stand down from this donor before knife to skin?

- Enter 1 for No
- Enter 2 for Yes

If yes, time that your team stood down

- Enter the date and time that team stood down.
- This should be the time when abdominal/cardiothoracic organ donation is no longer considered.

Reason your team stood down

- Enter appropriate code listed on the coversheet.
- If other (code 8), you **must** complete free text box.

Time that your team started operating (knife to skin)

- Please enter time of knife to skin.
- If another team performed knife to skin, enter the time your team began operating.

Time that donor operation ended (skin closure)

- Complete only if relevant to your team.
- Leave blank if your team did not perform skin closure.

Time that team left donor theatre

- If the team gained access to the donor theatre, then the date and time your team left the donor theatre must be provided.
- You must complete this even if the team are going to another retrieval at the same hospital.

Retrieval team membership - name of lead surgeon for your team

- Forename and surname of the lead retrieval surgeon must be legible and provided in block capitals.

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Please indicate:

Number of assisting surgeons

- The **number** of assisting surgeons must be provided.

Scrub practitioner

- Enter 1 for No – if no scrub practitioner present.
- Enter 2 for Yes – if scrub practitioner was present.

Theatre practitioner

- Enter 1 for No – if no theatre practitioner present.
- Enter 2 for Yes – if theatre practitioner was present.

Names of assisting surgeons for your team

- Forename and surname must legible be provided in block capital letters for all surgeons in your abdominal/cardiothoracic team.
- **Exclude** staff provided by the local hospital.

SECTION 3 – ORGAN DETAILS

Organs Retrieved by your team?

- Complete this section if the team proceeded to knife to skin and did not stand down.
- Do not complete this section if the team stood down before knife to skin (it is non-proceeding for that team).
- Only complete the organ section that is relevant to your team.
- Leave blank if not relevant.
- If any organ is not dispatched from the theatre and returned to the body, it should be recorded as **not** retrieved (code 1).
- If organs within your remit were retrieved by another team, e.g. you retrieved the liver but the kidneys were retrieved by another team, please note this in the comments section below.
- **Heart valves:** If there was never an intention for the heart to be transplanted and it was only taken for valves, heart should be recorded as not retrieved (code1).
- **Partial Pancreas:** If part of the pancreas is taken along with the small bowel then the pancreas should be recorded as **not** retrieved as the whole pancreas has not been taken as a whole organ (code 1).
- **Multi-visceral retrievals:** This retrieval will be attended by the accepting intestinal team who will retrieve all abdominal organs, as detailed in the NORS Standards document.

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If retrieved, grade of damage after retrieval and additional damage information

- Enter 0 – if an organ is retrieved with no damage.
- Enter 1 – for mild surgical damage (not requiring surgical repair).
- Enter 2 – for moderate damage (requiring surgical repair to make organ usable).
- Enter 3 – for severe damage (organ unusable due to damage).
- If code 1, 2 or 3 is entered, a description of damage must be provided.
- Only surgical damage should be reported.
- Do not record if organs are damaged for any other reason than surgical damage.
- Poor perfusion **must not** be recorded as surgical damage but must be reported to the implanting surgeon. The quality of the perfusion is recorded on the HTA-A form accompanying the abdominal organs.

If not retrieved, reason(s) including supplementary information if required

- Enter codes listed on the coversheet.
- If offered organ is not retrieved, a Primary code must be provided.
- Use the Secondary or Tertiary boxes as appropriate.
- Supplementary text if provided must be legible.

SECTION 4 – COMMENTS

Comments

- It is important to detail any issues involved with this retrieval (e.g. delays, difficulties at donor hospital, transport problems, etc).
- Note any photographs taken and shared with the recipient team.
- For cardiothoracic teams: Note if a scout from the team attended the donor prior to the complete team attending.
- Ensure all text is legible for data inputting purposes.

SECTION 5 – FORM COMPLETER DETAILS

Form completer details

- Enter name and contact number of the person completing the form so that any queries can be directed to that person.

Enter date form completed.