

Objective

To establish clear and consistent agreed communication points between SNs, Hub Operations staff and RPoC's during the donation pathway.

Changes in this version

- Throughout all sections, RPoC responsibilities have been added and now all in colour coded boxes. "Who" column also added to boxes.
- Guidance updated in all sections to reflect current practice and further rationale for specific touchpoints.
- Information from previous DAT3734 has been added to document.
- Donation Summary Call has been introduced in this document – CR53347.
- Confirmation added if a centre is planning to use NRP, Hub Operations need to be informed – CR49403.
- Confirmation has been added regarding requests for scouts and that this needs to be done after neurological death tests and consent/authorisation has been obtained – CR49913.
- Reference to SOP4938 added – CR52346.
- Confirmation added if liver is accepted as a split, Sn will need to inform pancreas centres there will not be extra vessels to accompany it – CR53741.
- Confirmation added that Hub Operations need to inform SN if a transplant will take place at a centre different to the accepting centre – CR55693.
- Confirmation added that if there are any communication issues this must be discussed with Hub Operations – CR55970.

Roles

- **SNs** – communicate updates required by Hub Operations and receiving centres in relation to a donor in a timely manner.
- **Hub Operations** – communicate updates required by SNs and RPoC's in relation to a donor in a timely manner.
- **RPoC's** - to remain in communication with Hub Operations and SN's in relation to organ offers in a timely manner.

Introduction

This document contains guidance on "when" to inform of an update, "who" to inform, "how" to contact them and "why" the update needs to be communicated between all parties, to ensure that the donation pathway for an individual donor is managed safely and effectively.

This document will also require the use of the IRATE terminology:

- ❖ **Individual** – PID (Patient Identifiable Data), right person to right person
- ❖ **Reason** – Clear, accurate, timely
- ❖ **Action** – what, where, by whom and how
- ❖ **Timescale** – agreed, mutual and documented
- ❖ **Entry** – documented AND voice recorded

Note: guidance on the communication and dissemination of biopsy reports (either verbal or written) and other clinical information is not contained within this process. For this process, please follow the below documentation:

- **Hub Operations: SOP4938 Sharing Clinical Information**
- **SNs:** Refer to existing guidance documents on the communication of clinical information, including microbiology findings, histopathology results and any other patient information to be communicated:
 - **SOP4938 Sharing Clinical Information**
 - **SOP4618 Receipt and Management of Microbiological Blood Results at the Time of Donation**
 - **SOP5352 Findings During Retrieval Requiring Histopathology Assessment**

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- **MPD867** Patient Information to be Communicated to Recipient Centre Points of Contact
- **MPD881** Findings Requiring Additional Action

This document also does not include communication requirements specific to managing the Organ Donation Process in the event of Donor Path / NTxD / IT network unavailability. Please refer to guidance in **SOP3925 Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT Network unavailability (SNs)** and **SOP4859 Emergency Event and Security Procedures – Hub Operations (Hub Operations)** for guidance on this.

This document has been broken down into sections of the donation pathway and separated into communication responsibilities throughout the process.

The sections that are covered are:

1. Communication Before Registration
2. Donor Registration
3. Offering
4. NORS Mobilisation
5. Theatre
6. Donation Summary Call
7. Post Retrieval
8. Other ad-hoc touchpoints

Note: The document will state that most communications need to be completed via the telephone. However, if there are any issues identified with communicating this way, a call **MUST** be made to Hub Operations in the first instance to discuss further communication and how this can be dealt with effectively (i.e., with the use of emails). Updates via email should not become usual practice.

The colour code that has been used in this document is as follows:

Orange for SN responsibilities
Green for Hub Operations responsibilities
Pink for RPoC responsibilities
Grey and white boxes are for specific details that need covering in certain calls between Hub Operations and the SN’s and the rationale behind the information required

1. Communication Before Registration

WHEN	WHO	HOW	WHY
<u>Donors set from “proceeding” or “offering” in Donor Path to “non-proceeding” without ever registering with Hub Operations.</u>	Hub Operations	Via telephone If there are communication issues, an email can be sent to Hub Operations – odthub.operations@nhsbt.nhs.uk Emails must contain 3 points of patient identifiable data relating to the donor.	Donors should only be set to proceeding when written consent/authorisation has been obtained. If this is done before formal written consent/authorisation is obtained, a donor number will be provided from the UK Transplant Registry. Should formal written consent/authorisation not be obtained, this patient will appear as non-proceeding which impacts all statistical reporting nationally and internationally. In periods of high activity, this also impacts on the operational planning of Hub Operations and the RM on-call.

			<p>All donors appear on Hub Operations NTxD system once they are set to proceeding in DonorPath. However, if changed to non-proceeding, this information is not sent to NTxD so Hub Operations will still expect this donor to register.</p> <p>Knowledge of potential donors enables Hub Operations to better plan activity and NORS allocation.</p>
<p><u>Donors set to “proceeding” or “offering” in Donor Path, but unlikely to register with Hub Operations for more than 12 hours.</u></p>	<p>Hub Operations</p>	<p>Via telephone</p> <p>If there are communication issues, an email can be sent to Hub Operations – odthub.operations@nhsbt.nhs.uk Emails must contain 3 points of patient identifiable data relating to the donor.</p>	<p>As above, all donors appear on the NTxD system once they are set to proceeding in Donor Path.</p> <p>If a SN is aware that they are not due to register their donor with Hub Operations for more than 12 hours after this point, Hub Operations must be informed of this to enable better activity/NORS planning.</p>
<p><u>Request for a Scout</u></p>	<p>Hub Operations</p>	<p>Via telephone</p>	<p>To allow Hub Operations to allocate a Scout and effectively plan NORS mobilisation (this should be done after neurological death tests and consent/authorisation has been obtained).</p>

WHEN	WHO	HOW	WHY
<p><u>Pre-registration checks - high activity</u></p>	<p>SN's</p>	<p>Via telephone</p>	<p>Hub Operations will assess the national picture for activity. They may call the SN's in attendance with proceeding donors to gain information on the donor such as organs likely to be offered, planned theatre times, and an approximate time for registration. This is so that they can plan the shift and look at NORS team planning.</p> <p>This may include escalation to the RM for support/advice.</p>

2. Donor Registration

The registration call between the SN and Hub Operations is an important safety check for when the donor file is handed over to Hub Operations staff for offering to commence. **This call will be led by Hub Operations with the use of a Registration Note Template to ensure that all information needed is received.**

Communication is key to everything that we do, and the rationale for the call is detailed below:

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DETAIL TO BE CONFIRMED	RATIONALE
SN contact number	To ensure that there are no delays during the process resulting from difficulties contacting the SN it is important that Hub Operations have the correct contact details.
Donor Type - DBD/DCD	<p>The type of pathway dictates the way organs are offered.</p> <p>Incorrect registration can have huge implications for any waiting recipients and increase the risk of recipients being disadvantaged.</p> <p>Not only must this be confirmed verbally but both the SN and Hub Operations agree that the information on both if their systems is the same.</p>
<p><u>STOP-----PAUSE-----CHECK</u></p> <p>Hub Operations will need to confirm that the SN has closed DonorPath and is referring to the paper copies to confirm the following information of height, weight, AND blood group</p>	
Confirmation of height and weight	<p>These are essential for the safe allocation of organs and therefore any errors in these can lead to recipient disadvantage or significant recipient harm (ultimately, death of a recipient).</p> <p>Following correct NHSBT procedure when ascertaining donor height and weight ensures all organs are allocated to the correct recipient. On all occasions the SN must follow MPD873 Physical Assessment.</p> <p>The height and weight MUST be confirmed reviewing the body map (FRM5545 Body Map).</p> <p>Hub Operations MUST read back this information to the SN to confirm that the information is recorded correctly.</p>
Confirmation of Blood Group	<p>At the point of registration, Hub Operations are viewing the information made visible by the SN from DonorPath transmitting information to NTxD. Therefore, it is essential that the SN confirms the blood group using the PAPER COPY. There is a risk using the information entered onto DonorPath as it will appear the same on NTxD. Best practice is for the SN to move away from DonorPath so reverting to the hard copy is the only option available.</p> <p>The use of the phonetic alphabet should be common practice when confirming the blood group (A – Alpha, B – Bravo, O – Oscar).</p>
Organs to be offered	Hub Operations offer based on what organs that have consent/authorisation to be offered and are deemed suitable following donor characterisation.
Organs not to be offered	To ensure that the Organ and Tissue Donor Outcome Summary form is fully accurate, and therefore donor family letters, the SN must confirm which organs should not be offered and provide a reason as to why these should not be offered. This will be recorded on NTxD by Hub Operations.
Tissue consent/authorisation	Again, to ensure that the Organ and Tissue Donor Outcome Summary is accurate, the SN should confirm with Hub Operations if there is consent/authorisation for tissues and if so, which tissues.

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<p>Research consent/authorisation and research restrictions</p>	<p>Good communication here will ensure that the organs/tissues for research/scheduled/other purposes are offered appropriately according to the consent/authorisation given.</p> <p>These questions can be found in section 10 of FRM1538 Authorisation - Solid Organ and Tissue Donation and section 5 of FRM4281 Consent for Organ and/or Tissue Donation.</p> <p><u>Areas covered:</u></p> <ul style="list-style-type: none"> • QUOD consent - question 1 • Research consent/authorisation if removed for transplant then deemed unsuitable - question 2 • INOAR consent - question 3a • Research specific studies - question 3b
<p>HLA / HLA timings</p>	<p>If the HLA is not already received, the SN should advise Hub Operations of an approximate timeframe for this to be received. Until such times Hub Operations will be unable to perform matching runs and commence offering.</p> <p>There are infrequent and exceptional circumstances where organ offering can commence without the HLA however, this brings a significant risk to disadvantaging certain recipients on waiting lists. Therefore, if the request is made to offer without the HLA, the SN should contact the RM on-call and discuss the need for this request.</p>
<p>Cardiothoracic organs</p>	<p>There is a minimum data set of questions that Hub Operations will ask the SN on the registration call if cardiac organs are to be offered.</p> <p>Confirmation from the SN that all up to date information is available to cardiac centres ensures that there is no delay for acceptances/declines from centres whilst outstanding information is obtained.</p> <p>Please see table below for guidance on the information that is required.</p>

Heart offer	
<u>Chest x-ray</u>	within 24 hours of offering commencing
<u>ECG</u>	within 24 hours of offering commencing
<u>Formal ECHO if possible</u>	
<ul style="list-style-type: none"> • If ECHO is available within 3 hours pause offering • If there is no option of obtaining an ECHO, Hub Operations will record the reason and offer the organs, highlighting there is no ECHO available at the time of the offer to the RPoC's/Consultant. This will require the RPoC to accept/decline on the information available preventing further delay in the offering. 	

<ul style="list-style-type: none"> • If over 3 hours, the SN and HOTM are to discuss the possibility to pause the offering until one is available if there are no constraints to the donation i.e., family, ICU etc. • If the above cannot be agreed and the timeframe to perform an echo is over 5 hours, then this should be raised with the RM and an agreement should be reached between HOTM, SN and the RM.
Lung offer
<u>Chest x-ray</u> Within 24 hours of offering commencing
<u>Blood gas on 100% oxygen with a peep of +5</u> MUST be within 2 hours of offering Peep of +8 is acceptable – If not available ensure conversation with ICU Clinician and reason documented
<u>Blood gas as above</u> Every 2 hours during offering

If the minimum data required to offer the cardiac organs is not available at the time of registration, offering will not commence, and the SN will be asked to obtain this information for Hub Operations to proceed with offering. Any issues with obtaining this information will need to be discussed between the SN and the HOTM on shift with possible escalation to the RM if required.

Such requests only result in further delays therefore it is the responsibility of the SN to ensure the above information is available or rationale given as to why it is not before contacting Hub Operations.

Additional or relevant information that should be discussed:

- If images are available, the SN will need to send these to Hub Operations for use when offering organs.
- SN's **MUST** share other relevant information such as the COVID checklist **FRM6439 SARS-CoV-2 Assessment and Screening (in deceased organ donors)** and any associated interpretation of results before offering commences.
- SN's **MUST** inform Hub Operations if any virology is pending. Hub Operations can continue to offer organs with virology results pending, however, if it is later confirmed that the donor has positive virology, offering will be undertaken using the positive virology pathway.
- SN's **MUST** inform Hub Operations if it has been identified that the donor has a 'horseshoe kidney'. This will affect the offering and allocation of the kidneys and therefore Hub Operations will need to be informed if they are offering as both kidneys or if the kidneys are likely to be split.

3. Offering

WHEN	WHO	HOW	WHY
<u>Updates to DonorPath that recipient centres need to be aware of</u>	Hub Operations / RPoC's	Via telephone to Hub Operations and/or RPoC's. <i>If multiple updates are expected that are not classed as clinically urgent, these can be relayed to Hub Operations/RPoC's grouped</i>	At times, there may be clinically urgent updates that can impact donation or acceptance. If so, this needs to be communicated to centres immediately. It will need to be communicated which section of DonorPath has been updated to ease finding the relevant information.

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		<i>together in one phone call to save on repeated calls having to be made.</i>	<p>SN to update any accepting liver/CT centres and Hub Operations to inform accepting renal centres <u>and/or any centres considering an offer at the time</u> that there is an update and where this can be found in EOS.</p> <p>For the process for sharing clinical information, please see <u>SOP4938</u></p>
<u>Changes to donor/family situation</u>	Hub Operations	<p>Via telephone.</p> <p><i>Changes to donor can include stability, change to donor information (height, weight, virology), change to donor type (DBD/DCD).</i></p> <p><i>Changes to family situation can include withdrawal of consent/authorisation to transplant and/or research.</i></p>	<p>These factors can affect the offering and possibly the allocation process so needs to be discussed with Hub Operations immediately.</p> <p>An agreement must be made between the SN and Hub Operations staff as to who will be responsible for informing centres of changes of this nature.</p>
<u>Pauses in offering</u>	Hub Operations	Via telephone to Hub Operations	<p>If it is decided that offering should be paused, this will need to be notified to Hub Operations as soon as feasibly possible due to the potential impact on recipients being notified and attending hospital too early.</p> <p>Depending on the length of the pause, allocation of accepted organs may need to be reviewed ensuring specific consideration is given to Super-urgent and Urgent tiers and any recipients subsequently listed for transplantation.</p> <p>Hub Operations will need to inform centres of pauses and confirm whether there is a need for allocation to be reviewed once the pause has ended.</p>
<u>Updates on offering</u>	Hub Operations	Via telephone	<p>During periods of high activity Hub Operations will prioritise organ offering therefore if 3 hours have passed with no update, the SN should call Hub Operations for an update to help facilitate plans for theatre and managing family expectations.</p>
<u>Inform pancreas centres if vessels will not routinely accompany the pancreas</u>	RPoC's	Via the preferred contact method for the centre	<p>If the liver is accepted as a split, this may result in no vessels being available to accompany the pancreas.</p> <p>SN's will need to inform the accepting pancreas centre if no vessels will be accompanying the organ.</p>

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<p><u>If offering to Europe should commence</u></p>	<p>Hub Operations</p>	<p>Via telephone</p>	<p>On all occasions where an organ is not placed in the UK and there are no clinical reasons for decline, the SN should consider whether organs can be offered to Europe.</p> <p>Considerations will include timings, donor family considerations, theatre access and ICU capacity.</p> <p>It is the responsibility of the SN to advise Hub Operations when organs should be offered to Europe and to confirm that all above points have been considered – please see DAT4015.</p>
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WHEN	WHO	HOW	WHY
<p><u>Updates to DonorPath that recipient centres need to be aware of</u></p>	<p>RPoC's</p>	<p>Via SPoC or primary contact number for each centre.</p> <p><i>All communication is to be completed in line with the guidance in SOP4938.</i></p>	<p>If Hub Operations are informed of an update to DonorPath that may affect a centre's decision in accepting or considering an offer, they are to report this to any accepting renal centres and any centres considering an offer so that they are aware of the change and can make a more informed decision.</p>
<p><u>Changes to donor/family situation</u></p>	<p>RPoC's</p>	<p>Via SPoC or primary contact number for each centre.</p> <p><i>Changes to donor can include stability, change to donor information (height, weight, virology), change to donor type (DBD/DCD).</i></p> <p><i>Changes to family situation can include withdrawal of consent/authorisation to transplant and/or research.</i></p>	<p>Accepting centres will need to be informed of any changes to donor details as this will have an impact on the recipient that they have accepted or are considering an offer for.</p> <p>An agreement must be made between the SN and Hub Operations staff as to who will be responsible for informing centres of changes of this nature.</p>
<p><u>Pauses in offering</u></p>	<p>RPoC's</p>	<p>Via SPoC or primary contact number for each centre.</p>	<p>Hub Operations to inform ANY accepting centres of any pauses in offering as depending on the length of the pause, this may result in reallocation of organs.</p> <p>Also allows centres to inform recipients of delays and manage their expectations.</p>
<p><u>Acceptance of organs for transplant and research/other/scheduled purposes</u></p>	<p>SN</p>	<p>Via telephone</p>	<p>Update the SN on the offering process, give updates for each individual organ that will allow the SN to plan a theatre time and to request NORS team/s.</p> <p>It is vital that the SN is informed if the liver has been placed for a Super-</p>

			<p>urgent liver recipient and the Super-urgent Liver Pathway Process has been implemented.</p> <p>SN's should also be informed if a centre has accepted an organ but the transplant will take place at another centre. This is so any communications that need to be had can be shared with both the accepting and the transplanting centre.</p> <p>Note: Once NORS team/s have been mobilised, updates on organs placed may be grouped together, once all accepted, notify the SN.</p> <p>SN's MUST be informed if the liver is accepted for splitting. In this instance, the SN will need to inform the accepting pancreas centre that no vessels will routinely accompany the pancreas.</p>
<u>COVID information to be sent to centres at acceptance of an organ</u>	RPoC's	Via the approved email address held in the Digital Directory	Once a centre call to confirm that they are accepting an offer, a copy of FRM6439 must be sent to the relevant centre's email address which will be held in the Digital Directory. Centre's can request that this is sent to a different email address if needed and if it is not deemed a secure email address, this can be sent encrypted.
<u>Organ declined following previous acceptance</u>	SN	Immediately via telephone	<p>This may affect theatre.</p> <p>This will also give SN's notice that they may receive further calls from centres considering an offer.</p>
<u>Offering updates if organs have yet to be placed</u>	SN	Via telephone	<p>If offering has been underway for more than 3 hours and organs have yet to be placed, the SN should be informed.</p> <p>SN's require updates on offering to manage planning of theatre times and managing family expectations.</p>

WHEN	WHO	HOW	WHY
<u>Responding to offers received</u>	Hub Operations	Via telephone	Inform Hub Operations of acceptances or declines of offers within the 45-minute timeframe set for all offers including fast-track offers (heart/lung offers have a 60-minute timeframe to consider the offer in).

			This allows Hub Operations to inform the SN if organs are accepted (assists in planning theatre) or to offer organs on to the next centre without delaying the offering process.
<u>More time is required to consider an offer</u>	Hub Operations	Via telephone	<p>If more time is required to consider an offer, this needs to be communicated to Hub Operations.</p> <p>Hub Operations will tend to follow up offers that have exceeded the time limit. If Hub Operations are aware that further time is needed, this will limit the calls that they will make to a centre.</p>
<u>Delays required to theatre</u>	Hub Operations /SN's	Via telephone	If a delay in going to theatre is required, this will need to be communicated to Hub Operations/SN's to assist in further planning theatre and NORS team/s.
<u>If the COVID form information is required</u>	Hub Operations	Via telephone	Hub Operations are sent the COVID information before or at registration. If this is required when considering an offer, a call will need to be made to Hub Operations for this to be sent.

4. NORS Mobilisation

WHEN	WHO	HOW	WHY
<u>NORS Mobilisation</u>	Hub Operations	<p>Via telephone</p> <p>SN's must not approach NORS teams directly to mobilise as this may affect national planning. See <u>SOP5499 Theatre Manual for Deceased Organ Donors (SN's) and SOP4574 Logistics & NORS Mobilisation Manual – Hub Operations (Hub Operations) for further details on NORS mobilisation.</u></p> <p>Note that Coroner or Fiscal decision will be required for team/s to be mobilised. Any deviations to this will need to be discussed with the RM on-call.</p>	<p>If the SN knows that the required number of organs have been placed and is ready to mobilise their NORS team, they can call Hub Operations to arrange this for them. Hub Operations will lead the call to ensure that they obtain all the information required.</p> <p>Hub Operations will often plan the allocation of NORS teams at the beginning of each shift based on factors such as geographical location, donor type, donor age.</p> <p>Hub Operations are to have an overview of where all teams are, and which are still available.</p> <p>This is also a touchpoint to commence offering organs for INOAR if there is the relevant consent/authorisation.</p>
<u>Confirmation of whether any novel or perfusion</u>	Hub Operations / RPoC's	Via telephone	The use of novel technologies is now commonplace within deceased organ donation. Hub Operations will advise accepting renal centres if novel

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<u>technologies will be used</u>			technologies are being used to ensure recipient centre expectations are met. SN to inform accepting liver/CT centres.
<u>Changes to theatre time</u>	Hub Operations/ RPoC's	Via telephone. Hub Operations and centres should be informed as soon as a delay of more than 1 hour past the initial planned theatre time is identified.	Hub Operations receive multiple calls from recipient centres requesting updates. Early reporting of known delays helps to reduce call volumes and enables Hub Operations/RPoC's to manage the expectations of all involved. Hub Operations are to keep the renal centres informed, SN to update accepting liver/CT centres.

WHEN	WHO	HOW	WHY
<u>NORS Mobilisation</u>	SN	Via telephone	If the relevant abdominal and/or cardiac organs are placed, Hub Operations need to advise the SN so that NORS team mobilisation can be discussed. Hub Operations are to have an overview of where all teams are, and which are still available.
<u>Confirmation of whether any novel or perfusion technologies will be used</u>	RPoC's	Via SPoC or primary contact number for each centre.	Hub Operations to inform the renal centres if any novel or perfusion technologies are to be used. Hub Operations to contact the liver/cardiac centres if requested to do so by the SN.
<u>Changes to theatre time</u>	RPoC's	Via SPoC or primary contact number for each centre.	Hub Operations to inform the renal centres (and any other centres if requested to do so) of any changes to theatre time so that all centres have accurate expectations around timings.

WHEN	WHO	HOW	WHY
<u>Decision is made to use NRP in a retrieval</u>	Hub Operations	Via telephone	Hub Operations are required to update all centres that have accepted an organ if NRP or any novel perfusion technologies will be used.

5. Theatre

WHEN	WHO	HOW	WHY
<u>Withdrawal of treatment</u>	Hub Operations/ RPoC's	Via telephone at the earliest opportunity following withdrawal.	This is to ensure that all accepting centres are aware of what point the donor is at in theatre. SN to inform accepting liver/CT centres. Hub Operations will need to inform accepting renal centres.
<u>Donor stood down at any point before withdrawal or at the 3-hour mark following withdrawal of treatment</u>	Hub Operations / RPoC's	Via telephone at the earliest opportunity	Centres need to be informed if they are not going to receive organs so that they can inform their recipients. SN to inform accepting liver/CT centres. Hub Operations will need to inform accepting renal centres.
<u>Knife to skin (KTS)</u>	Hub Operations / RPoC's	Immediately via telephone	Hub Operations use KTS as a trigger to set up transport to ensure vehicles are ready to collect organs at the appropriate time. Hub Operations also use KTS to notify any relevant researchers to ensure their transport provider arrives at the appropriate time. SN to inform accepting liver/CT centres. Hub Operations will need to inform accepting renal centres. Hub Operations will require the box number that the heart for valves will be travelling in at this point. The transport provider will not arrange the transport without this information. The SN <u>must</u> also inform Hub Operations which Tissue Bank have accepted the heart for valves so full addresses can be given to the transport provider.
<u>Cross-clamp time</u>	Hub Operations / RPoC's	Via telephone	Hub Operations need to record this in NTxD. Cross-clamp time is used as a fast-track trigger point for the liver if declined in theatre.
<u>Cross-clamp delays</u>	Hub Operations / RPoC's	Via telephone	To manage expectations of accepting centres and the transport provider. SN to inform accepting liver/CT centres.

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			Hub Operations will need to inform accepting renal centres and transport providers.
<u>Declines of any organs received during theatre time</u>	Hub Operations	Via telephone	<p>If an organ is stood down in theatre, Hub Operations will need to ensure that coding is updated in NTxD.</p> <p>Late declines may also mean that offering will need to recommence. Hub Operations should be informed immediately so that this can be done in a timely manner.</p>
<u>If any organs are declined for transplant / research and the NORS team have already left the donor hospital</u>	Hub Operations	Via telephone	<p>If an organ is declined for transplant/research, the NORS team have left and the SN is at a non-transplanting centre, Hub Operations will need to be contacted.</p> <p>They will need to contact a transplant centre geographically close to the donating hospital to see if they will dispose of the organ.</p>

WHEN	WHO	HOW	WHY
<u>Withdrawal of treatment</u>	RPoC's	Via SPoC or primary contact number for each centre.	Hub Operations to inform renal centres of timings so they are aware of what point the donor is at in theatre.
<u>Donor stood down at any point before withdrawal or at the 3-hour mark following withdrawal of treatment</u>	RPoC's	Via SPoC or primary contact number for each centre.	Hub Operations to inform renal centres if they are not going to receive organs so that they can inform their recipients.
<u>Knife to skin (KTS)</u>	RPoC's	Via SPoC or primary contact number for each centre.	Hub Operations to inform renal centres of KTS so that they can start to prepare their recipients for their transplant.
<u>Delays in theatre</u>	RPoC's	Via SPoC or primary contact number for each centre.	Hub Operations to inform renal centres of delays in theatre to manage centres expectations and to reduce calls coming in querying timings.
<u>Declines of any organs received during theatre time</u>	SN's	Via telephone	Depending on what point the donor is at in theatre, late declines may impact on the decision to retrieve organs or whether delays may be required to facilitate a continuation of offering.

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<u>Declined organs to be disposed of at another centre</u>	SN's	Via telephone	<p>If an organ has been retrieved and then declined for transplant/research and the NORS team have already left the hospital, the SN will contact Hub Operations to contact an RPoC at a transplant centre geographically close to see if they will assist in disposing of the organ.</p> <p>Once a centre agrees that they will assist, transport will need to be booked and the SN will need to be informed of an arrival time for the driver and where the organ will be sent to be disposed of.</p>
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WHEN	WHO	HOW	WHY
<u>Decline of an organ during the theatre process</u>	Hub Operations	Via telephone	Late declines may affect theatre timings and whether organs require reoffering.
<u>Issues with transport</u>	SN's	Via telephone	To ensure SN's are aware if there are any delays in the transport provider collecting organs and whether alternative arrangements need to be made.

6. Donation Summary Call

Once the retrieval has been completed, a call must be made to Hub Operations by the SN. **The call will be led by Hub Operations with the use of the Donation Summary Call note template.** This is to ensure that Hub Operations have accurate records of organs retrieved in line with regulatory compliance and donor family communication.

Please see below the information that needs to be confirmed and the rationale for this.

DETAIL TO BE CONFIRMED	RATIONALE
Is renal organ anatomy available?	<p>If kidneys and/or pancreas are retrieved, Hub Operations will need to take the full anatomy details so that this can be reported to accepting centres.</p> <p>Hub Operations also record this information on NTxD. This will then transfer over to EOS so that centres can also view it if needed.</p>
Confirmation of theatre timings	<p>If renal organs are retrieved this will need to be recorded along with the anatomy. However, if renal organs are not retrieved, Hub Operations still require this information.</p> <p>If organs are later declined and require reoffering, timings are required by centres to better assist them in accepting or declining an offer.</p>
Was NRP used? Has the passport been received?	<p>Hub Operations will use this call as a point to confirm that NRP has been used and to remind the SN to send the passport (FRM6725 NRP Passport) if this has not already been sent.</p> <p>Hub Operations also need to be aware if they are to expect the NRP Passport as this may be required by recipient centres later in the process.</p>

MPD1382/5 – Donation Pathway Communication Touchpoints – SN's, Hub Operations and RPoC's



Blood and Transplant

Copy No:

Effective date: 04/01/2023

Organs retrieved in theatre	<p>Hub Operations need to ensure that NTxD is kept up to date in real time.</p> <p>This information is required to ensure that all organs retrieved are followed up in a timely manner and ensure that the Organ and Tissue Donor Outcome Summary is complete and correct.</p>
Organs stood down in theatre	<p>There are times where a decision is made not to retrieve an organ in theatre. If this occurs, Hub Operations will need to be informed so that NTxD and the Organ and Tissue Donor Outcome Summary are correct.</p> <p>This will also reduce unnecessary calls to recipient centres for follow up when they did not receive the organ.</p>
HV's retrieved? For which Tissue Bank?	<p>At KTS the SN should have booked transport for the heart for valves with Hub Operations. However, this does not necessarily mean that the heart was indeed retrieved.</p> <p>This needs to be reported to Hub Operations as confirmation that the heart has been retrieved so that the Organ and Tissue Donor Outcome Summary is updated and correct.</p>
NORS team that retrieved HV's	<p>Both the cardiac and abdominal teams can retrieve the heart for valves so if both are in attendance, Hub Operations will need to record the correct team as recorded on the HTA form.</p> <p>This assists in ensuring all the information is correct and does not delay the HTA forms being booked in.</p>
NORS team/s in attendance	<p>This information needs to be recorded in NTxD for traceability purposes and needs to align with the team/s recorded on the HTA forms.</p>
What ad-hoc tissues were retrieved?	<p>Ad-hoc tissues are any tissues retrieved as per SOP5685 Ad-hoc Tissue Requests of Blood Vessels and Rectus Fascia from Deceased Organ Donors. For traceability purposes and to ensure that the Organ and Tissue Donor Outcome Summary is correct, Hub Operations will require this information.</p> <p>Ad-hoc tissues will need to be recorded in NTxD.</p>
Which centre/s have accepted ad-hoc tissues?	<p>As per SOP5685, Hub Operations need to record which centre/s received ad-hoc tissues for traceability purpose and to know who to contact if follow-up is not received in the allocated timeframe.</p>
Any photos taken for centres?	<p>Hub Operations have email addresses for centres if any information of this nature needs to be shared with them.</p> <p>If declines occur due to images taken, Hub Operations may need to recommence offering. These images can be shared with centres considering an offer to assist them in making an informed decision.</p>
Box numbers	<p>Hub Operations require the box numbers for the renal organs and/or heart for valves to pass on to the transport provider to ensure that the correct organs are taken to the correct centre/s.</p>

7. Post Retrieval

WHEN	WHO	HOW	WHY
<u>New clinical information post retrieval</u>	Hub Operations / Receiving Centres	Immediately via telephone	Updates that may have an impact on a transplant or a recipient needs to be relayed to centres immediately. The process to follow is detailed in full in <u>SOP4938</u> .

When	How	Why	
<u>New clinical information post retrieval</u>	Receiving Centres / SN's	Immediately via SPoC or primary contact number for each receiving centre. <i>The information may come from the SN or the recipient centre.</i> <i>If the information is received from the recipient centre, this will need to be shared with the SN in the first instance as per <u>SOP4938</u>.</i>	Updates that may have an impact on a transplant or a recipient needs to be relayed immediately as per <u>SOP4938</u> .
<u>Declined organs are placed with another centre/for research</u>	RPoC's	Via SPoC or primary contact number for each centre.	At times centre's decline an organ once it has been received by them. This may require the organ to be offered on for transplant and/or research. If the organ is then accepted by another centre, the original accepting centre will need to be informed that there will be a driver arriving to collect this and will need to be given the address that needs to be written on the organ box.

WHEN	WHO	HOW	WHY
<u>New clinical information post retrieval</u>	Hub Operations	Immediately via telephone	Centres need to be made aware of information that may affect a transplant or recipient. This includes Positive Transport Fluid Reports. Hub Operations hold information as to other centres that have accepted organs and therefore can ensure that following the process outlined in <u>SOP4938</u> , all centres are informed of the information.

<p><u>Confirmation of completed transplants</u></p>	<p>Hub Operations</p>	<p>Either via the submission of the HTA-B form (if a HTA-B form cannot be completed for any reason, this information can be communicated via telephone to Hub Operations).</p>	<p>Hub Operations are responsible for removing recipients from the waiting list so require this information in the allocated time.</p> <p>This will reduce offers being made to centres where the recipient has already received a transplant.</p> <p>The information is also recorded on the Organ and Tissue Donor Outcome Summary that assists the DFCS (Donor Family Care Service) in completing the donor family letters.</p>
<p><u>Decline of an organ once received at centre</u></p>	<p>Hub Operations</p>	<p>Immediately via telephone</p>	<p>If the decision is made to decline an organ once it has been received by the centre, Hub Operations will need to be informed.</p> <p>The organ will need to be offered on for either transplant or research if there is the relevant consent/authorisation.</p>

8. Other Ad-Hoc Touchpoints

When		How	Why
<p><u>SN handover (introduction of oncoming SN and update of contact details)</u></p>	<p>Hub Operations</p>	<p>Via telephone</p> <p><i>The oncoming SN must ensure that their contact information is updated on DonorPath.</i></p>	<p>Hub Operations do not have any automated way of knowing when a SN has handed over and always require the correct contact details.</p> <p>Recipient centres also require access to the correct SN information via EOS to avoid unnecessary calls to Hub Operations.</p>

WHEN	WHO	HOW	WHY
<p><u>Flights are required that exceed £10,000</u></p>	<p>Hub Operations</p>	<p>Via telephone</p>	<p>If it is deemed appropriate for a flight to be arranged for either an organ or NORS team and it exceeds £10,000, Hub Operations will need to be contacted to authorise the flight.</p> <p>They will liaise with the transport provider regarding this request and if no alternative can be found, will authorise the flight.</p> <p>Hub Operations also need to keep the Commissioning Team up to date with all flights authorised.</p>

Definitions

- **SN** – Specialist Nurse
- **NORS** – National Organ Retrieval Service
- **HOTM** – Hub Operations Team Manager
- **KTS** – Knife to Skin
- **NTxD** – National Transplant Database (the database used by Hub Operations)
- **RPoC** – Recipient Point of Contact
- **DCD** – Death after Circulatory Death
- **DBD** – Donation after Brain Death
- **EOS** – Electronic Offering System (the database used by recipient centres to view donor information)
- **INOAR** – Increasing the Number of Organs Available for Research
- **PID** – Patient Identifiable Data
- **RM** – Regional Manager
- **QUOD** – Quality in Organ Donation
- **HLA** – Human Leukocyte Antigen
- **ECHO** – Echocardiogram
- **ICU** – Intensive Care Unit
- **NRP** – Normothermic Regional Perfusion
- **HTA** – Human Tissue Authority
- **DFCS** – Donor Family Care Service
- **CT** – Cardiothoracic
- **SPoC** – Single Point of Contact

Related Documents / References

- **DAT4015** – DSNOD/HUB Operations Guidance when Considering Offering Deceased Donor Organs to Europe
- **FRM1538** – Authorisation – Solid Organ and Tissue Donation
- **FRM4281** – Consent for Organ and/or Tissue Donation
- **FRM5545** – Body Map
- **FRM6439** – SARS-CoV-2 Assessment and Screening (in deceased organ donors)
- **FRM6725** – NRP Passport
- **MPD867** – Patient Information to be Communicated to Recipient Centre Points of Contact
- **MPD873** – Physical Assessment
- **MPD881** – Findings Requiring Additional Action
- **SOP3925** – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of Donor Path/IT network unavailability
- **SOP4574** – Logistics & NORS Mobilisation Manual – Hub Operations
- **SOP4618** – Receipt and Management of Microbiological Blood Results at the Time of Donation
- **SOP4859** – Emergency Event and Security Procedures – Hub Operations
- **SOP4938** - Sharing Clinical Information
- **SOP5352** – Findings During Retrieval Requiring Histopathology Assessment
- **SOP5499** – Theatre Manual for Deceased Organ Donors
- **SOP5685** – Ad-hoc Tissue Requests of Blood Vessels and Rectus Fascia from Deceased Organ Donors