Sharing Clinical Information

Index

Summary of changes

This process aims to ensure clear, effective and timely communication of any new clinical information by alignment of **MPD881**, **MPD867**, **MPD1382**, **SOP5735**, **SOP5352** across Specialist Nurse and HUB Operations processes.

Amalgamation of HUB Operations and Specialist Nurse operational policies to ensure all new clinical information is identified and communicated in a timely manner.

Useful Information

1. Purpose & Responsibilities

1.1 Purpose

To reduce associated risks with organ and tissue transplantation, all known or previously unknown findings must be immediately clinically accessed and communicated During the deceased donation process there can be several receiving centres encompassing Transplant Centres, Tissue Banks and Research banks. There is also the potential that in some cases where an organ or tissue is retrieved for research that the organ or tissue later goes on to be transplanted. In all cases, receiving centres involving Transplant Centres, Tissue Banks and Research Banks may still accept organs and tissues following clinical assessment based on a risk benefit analysis undertaken by the implanting surgeon or tissues/research representative. Our role is to ensure that any new information is shared appropriately and timely.

The purpose of this SOP is to provide a clear communication pathway for the SN (Specialist Nurse) and OAS (Organ Allocation Specialist) on clinical assessment and action to be taken when any new clinical information comes to light at any point during the donation process ensuring all receiving centres are informed of the new clinical information in as timely a manner as possible ensuring that where required a clinical conversation led by the SN takes precedent.

New clinical information can come to light at any point in the deceased donation process from referral to post implantation/transplantation. In all circumstances it is essential that any new information is considered in a clinical context taking into consideration the wider communication required and the potential impact of the clinical finding on other receiving centres who have received or may receive organs or tissues from the same donor.

For the purposes of communication when it is identified that new clinical information must be shared it is the responsibility of the SN to ensure that this information is shared with all receiving centres including those who may at the time be considering an organ/tissue offer. The SN will advise and agree with the OAS the methods of this communication as per the processes outlined below. It is the responsibility of the SN to ensure that all communication has taken place and that all receiving centres have been informed.

1.2 Responsibilities

- **Transplant Centres –** To contact Hub Operations at the earliest opportunity ensuring availability to discuss the detail and context of the clinical finding with an SN agreeing a plan of action for onward communication. **SOP5735** and **FRM6390** to be utilised where histopathology is required.

- **Specialist Nurses (SN)** – To provide clinical insight and to communicate, report and document any new clinical information and ensuring that it is shared with Hub Operations at the earliest opportunity giving clear advice on any plan of action. **SOP5352** to be utilised for any lesions identified during retrieval that may require assessment and histopathology completing the National Histopathology Request Form (**FRM5867**). SN to take responsibility for ensuring all receiving centres are contacted with regards to new clinical information, voice recording any clinical conversations utilising **SOP3649**. SN also responsible for ensuring all outstanding results are followed up as per **MPD881** post donation. Responsible for escalation to TM/RM should they or an SN colleague be unable to action immediate request.

- **Organ Allocations Specialists (OAS)S's** – Record all information accurately on NTxD ensuring clear communication with SN and agreement of communication cascade as per flowcharts contained within this document.

- **Donor Family Care Service –** Ensure that any additional clinical information received via Hub Operations, GP's or Microbiology labs is shared with the lead SN at the earliest opportunity and uploaded to Donor Path with actions noted in sequence of events in line with **SOP5049** – Donor Family Care Service Process Manual.

- **Receiving Centres –** Responsible for the review of EOS mobile/web to assess all clinical information. In circumstances where an organ is received with the intention of being transplanted as a tissue the receiving centre are responsible for the review of all available information prior to release in line with Tissues and Cells Regulations.

2. Policies and Documents

Hub Documents:

- **MPD1086** – Minimum Operating Standards – Patient Identifiable Data – Hub Operations
- **SOP4442** – Allocation of Organs and Tissue for Research & Novel Technologies – Hub Operations
- **FRM4207** – Core Donor Data Form – Hub Operations

SNOD Documents:

- **MPD867** – Patient Information to be Communicated to Recipient Centre Points of Contact
- **MPD881** – Findings Requiring Additional Action
- **MPD1100** – Guidance and Principles – Donor Organ Photographs
- **SOP3649** – Voice Recording of Organ Donor Clinical Conversations
- **SOP3925** – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of Donor Path/IT network unavailability
- **SOP5352** – Findings During Retrieval requiring Histopathology Assessment
- **SOP5685** – Ad-hoc Tissue Requests of Blood Vessels and Rectus Fascia from Deceased Organ Donors
- **SOP5735** – New Findings Made at Transplant Centres Requiring Histopathology Assessment
- **SOP3579** – Management of Microbiological Results
- **DAT2792** – Recipient Centre Point of Contact – List of email addresses

Forms:

- **FRM5499** – SNOD to DRD Handover Form
- **FRM5867** – National Histopathology Request Form
- **FRM5964** – Transport Fluid Alert Form
- **FRM6390** – National Histopathology Request Form for Use at Transplant Centres

Other related documents:

- **SOP5049** – Donor Family Care Service Process Manual
- **SOP3888** – Reporting an Organ Donation or Transplantation Incident to NHSBT

- **INF958** – Statutory Notifiable Diseases England and Wales
- **INF960** – Statutory Notifiable Diseases Scotland
- **INF961** - Statutory Notifiable Diseases Northern Ireland
- **POL188** – Clinical contraindications to approaching families for possible organ donation
- **DAT2792** – Recipient Centre Point of Contact – List of email addresses

Other definitions:

- **ABG** – Arterial Blood Gases
- **DFCS** - Donor Family Care Service
- **NTxD** – National Transplant Database
- **OAS** – Organ Allocation Specialist
- **PID** – Patient Identifiable Data
- **RCPoC** – Recipient Centre Point of Contact
- **SN** – Specialist Nurse
- **SNBTS** – Scottish National Blood and Tissue Services
- **NRC** – National Referral Centre
- **PID** – Patient Identifiable Data

3. New Clinical Findings

For the purposes of this SOP, new clinical findings can be defined as any new or unanticipated finding that is discovered at any point during the deceased organ donation and transplantation process. It includes findings and results with the potential failure to satisfy safe and effective donation and/or transplantation. For example:

1. Potential adverse outcomes for the recipients that are not anticipated, for example donor-derived malignancy or some donor-derived infections.
2. Donor information established post donation/transplantation which may have consequences for recipients.
3. Adverse incidents resulting in the non-transplantation of suitable donor organ(s) or reduction in the quality of organ(s).
4. Serious injury to the organs, such as major vascular injury or physical damage to the organ.
5. Suboptimal organ packing, compromising cold storage, for example lack of ice, insufficient packing solution, inappropriate organ containers or defects.
6. Statutory Notifiable Disease (**INF958** (England & Wales), **INF960** (Scotland) and **INF961** (Northern Ireland)).

3.1 Receiving Centres

When considering the receiving centres, it is the responsibility of the SN to ensure every receiving centre is communicated with. Consideration must be given to:

- Organ specific Transplant Centres
- Pancreas Islet Banks
- Liver Hepatocyte Processing Banks
- Liver Vessel Banks (liver vessels may be stored or may have been transplanted into a different patient)
- Novel grafts – limbs, rectus fascia, uterus, face
- Centres receiving ad-hoc tissues (ad-hoc vessels or ad-hoc rectus fascia) as per **SOP5685**
- National Referral Centre (NHS Blood and Transplant)

- Scottish National Blood and Tissue Services (SNBTS)
- Research Banks (excluding QUOD)
- Donor Family Care Service (addition to Donor File)

For all deceased organ donors, it is the clinical responsibility of the SN to ensure that all receiving centres are informed of the new clinical information. The SN using the pathways identified within this document can work with the OAS to achieve this. Receiving centres external to NHSBT do not have access to Donor Path, all offers of organs and tissues and subsequent updates are viewed via EOS web/mobile.

In all cases, ALL receiving centres must be fully considered in the context of the information to be shared and the timeframes / urgency associated. Communication must take place with transplanting centres and all processing centres (for example tissues hepatocytes/islets) to maintain the quality and safety of organs and tissues.

3.2 Clinical Information that does NOT require further clinical 'explanation'

The process of maintaining haemodynamic stability when caring for a donor requires regular review of all aspects of a patient's haemodynamic status. In every occasion where new clinical information comes to light it is essential for the SN to consider whether this new information requires further explanation in the clinical context with recipient centres and relevant stakeholders and the most appropriate method to do so. Examples of new clinical information that does **not** require clinical explanation may include but not exclusive to:

- Updated 2 hourly Arterial Blood Gases within acceptable parameters
- Updated blood results which are within normal parameters
- Availability of outstanding Echocardiogram report

These updates can be recorded on Donor Path by the SN whose responsibility it is to notify the OAS asking them to communicate to centres that an update is available.

3.3 Clinical Information that DOES require further clinical 'explanation'

There are more specific examples that for the purposes of this SOP requires the SN to communicate directly with receiving centres or those centres considering an organ offer. Examples of new clinical information that requires clinical 'explanation' include:

- New clinical information as a result of GP Assessment
- Unexpected finding at bedside patient top to toe assessment
- Unexpected finding at retrieval
- Positive microbiology
- Unexpected vasculature on organ retrieval with implications for an accepting centre
- Significant deterioration or improvement in organ function which may impact on organ offers including recipient centres who may have expressed an interest, such as:
    - Deterioration in Arterial Blood Gases from those previously on Donor Path
    - Trans Oesophageal Echocardiogram / cardiac output studies pre retrieval impacting on acceptance of cardiothoracic organs

4. Transfer of Clinical Information onto Donor Path

RCPoC's are reliant on the information communicated to them by SN's when ascertaining donor suitability and recipient selection. The sharing of this information is time critical in support of their decision making.

It is the SN's responsibility to ensure that any new information which comes to light at any stage during the deceased donation pathway is shared with the recipient centres as per **MPD867**.

IMPORTANT NOTE FOR SPECIALIST NURSES

The WiFi symbol in DonorPath represents sections which are visible to Recipient Centres. Information entered in sections without this symbol CANNOT be seen by Recipient Centres.

If DonorPath and EOS are unavailable, the SNOD must follow the manual process as outlined in SOP3925.

Voice recording should be used for all clinical conversations, follow SOP3649.

It is the responsibility of the SN / Regional Organ Donation Team to follow-up outstanding final results as per **MPD881** / **MPD867**. If this involves direct engagement with the transplant centre or the centre performing the histopathology it is the SNs responsibility to do this.

New Clinical Information Post Registration but Pre-Retrieval

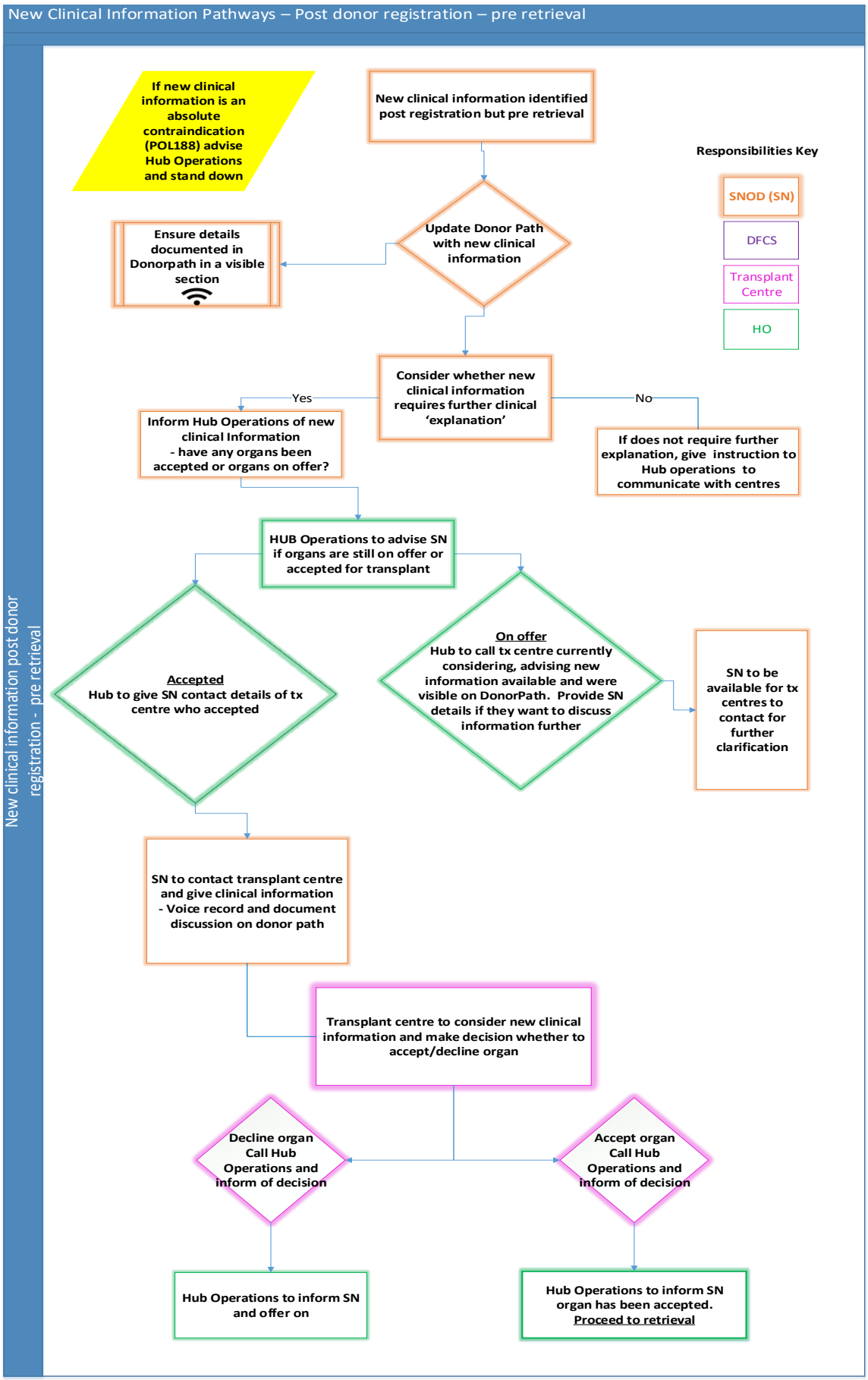
In circumstances where new clinical information is identified post consent/authorisation but pre-registration it is the responsibility of the SN to clearly document any findings on the visible sections of Donor Path considering any implications for recipients as per **POL188**.

In circumstances where the donor is already registered with Hub Operations and offering has commenced, it is the responsibility of the SN to ascertain from the OAS whether offering has commenced and whether any organs have been accepted for transplantation and/or which organs remain on offer.

In circumstances where the new clinical finding requires further clinical explanation it is the responsibility of the SN to contact all centres and voice record any discussions utilising **SOP3649**. Any such discussions between the SN and receiving centre MUST be clearly documented within Donor Path Sequence of Events.

In circumstances where the new clinical finding does not require further clinical explanation the OAS should on request of the SN, pass on to recipient centres that new information is available to view on EOS, noting all communication in the relevant donor's notes in NTxD.

Please see below:


New Clinical Information Pathways – Post donor registration – pre retrieval
New clinical information post donor registration - pre retrieval
If new clinical information is an absolute contraindication (POL188) advise Hub Operations and stand down
New clinical information identified post registration but pre retrieval
Responsibilities Key
SNOD (SN)
DFCS
Transplant Centre
HO
Update Donor Path with new clinical information
Ensure details documented in Donorpath in a visible section
Consider whether new clinical information requires further clinical 'explanation'
Yes
No
Inform Hub Operations of new clinical Information - have any organs been accepted or organs on offer?
If does not require further explanation, give instruction to Hub operations to communicate with centres
HUB Operations to advise SN if organs are still on offer or accepted for transplant
Accepted
Hub to give SN contact details of tx centre who accepted
On offer
Hub to call tx centre currently considering, advising new information available and were visible on DonorPath. Provide SN details if they want to discuss information further
SN to be available for tx centres to contact for further clarification
SN to contact transplant centre and give clinical information - Voice record and document discussion on donor path
Transplant centre to consider new clinical information and make decision whether to accept/decline organ
Decline organ Call Hub Operations and inform of decision
Accept organ Call Hub Operations and inform of decision
Hub Operations to inform SN and offer on
Hub Operations to inform SN organ has been accepted. Proceed to retrieval

New Clinical Information Identified During Retrieval

In circumstances where new clinical information is identified during retrieval consideration needs to be given by the SN to the nature of the new clinical information and the potential impact for accepting centres.

On all occasions where histopathology is required please refer to **SOP5352**. The order and priority of communication cascade will need to be determined by the SN in relation to the potential implications for the identified recipients determined by nature of new finding and which organs/tissues are being retrieved.

In circumstances where the finding has been documented within the visible sections of Donor Path the SN can ask the OAS to make contact with all centres immediately notifying of new relevant clinical information and where that information can be located in Donor Path. N.B. A clinical conversation may still be required by the SN but the initial message can, where required, be sent via Hub Operations to alert receiving centres that new information has been identified and that the SN will make contact as soon as possible.

An example may be:

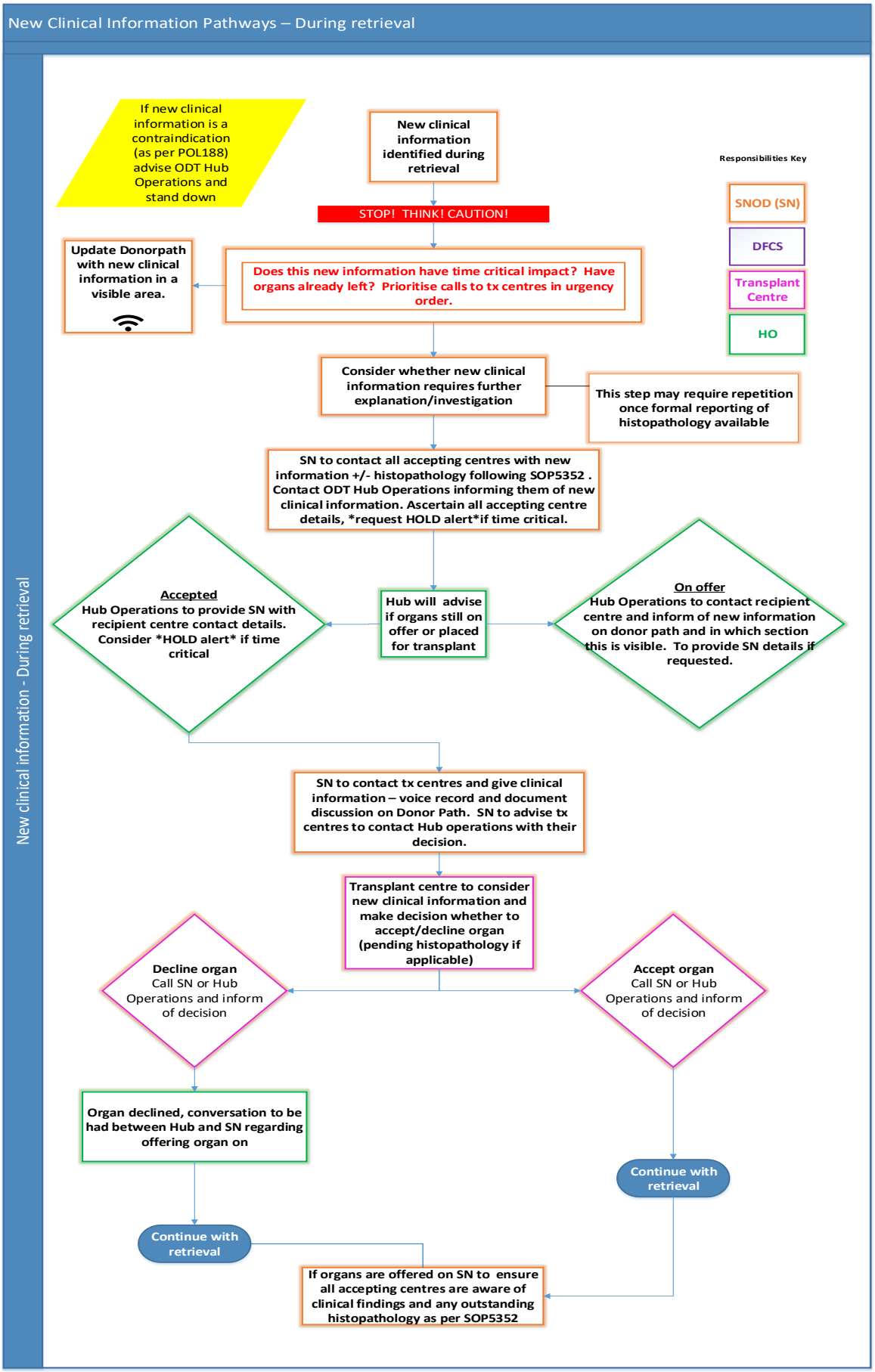
Donor XXXXXX

Urgent – Lesion requiring biopsy identified during retrieval. Clinical update will be provided shortly by SN. Currently sourcing histopathology.

In circumstances where the new clinical finding requires further clinical explanation it is the responsibility of the SN to contact all centres and voice record any discussions utilising **SOP3649**. Any such discussions between the SN and receiving centre MUST be clearly documented within Donor Path Sequence of Events.

In circumstances where the new clinical finding does not require further clinical explanation the OAS should, on request of the SN, pass on to receiving centres that new information is available on EOS, noting all communication on the relevant donor's notes in NTxD.

Please see below:


New Clinical Information Pathways – During retrieval
New clinical information - During retrieval
If new clinical information is a contraindication (as per POL188) advise ODT Hub Operations and stand down
New clinical information identified during retrieval
STOP! THINK! CAUTION!
Does this new information have time critical impact? Have organs already left? Prioritise calls to tx centres in urgency order.
Update Donorpath with new clinical information in a visible area.
Consider whether new clinical information requires further explanation/investigation
This step may require repetition once formal reporting of histopathology available
SN to contact all accepting centres with new information +/- histopathology following SOP5352 . Contact ODT Hub Operations informing them of new clinical information. Ascertain all accepting centre details, *request HOLD alert*if time critical.
Hub will advise if organs still on offer or placed for transplant
Accepted
Hub Operations to provide SN with recipient centre contact details. Consider *HOLD alert* if time critical
On offer
Hub Operations to contact recipient centre and inform of new information on donor path and in which section this is visible. To provide SN details if requested.
SN to contact tx centres and give clinical information – voice record and document discussion on Donor Path. SN to advise tx centres to contact Hub operations with their decision.
Transplant centre to consider new clinical information and make decision whether to accept/decline organ (pending histopathology if applicable)
Decline organ
Call SN or Hub Operations and inform of decision
Accept organ
Call SN or Hub Operations and inform of decision
Organ declined, conversation to be had between Hub and SN regarding offering organ on
Continue with retrieval
Continue with retrieval
If organs are offered on SN to ensure all accepting centres are aware of clinical findings and any outstanding histopathology as per SOP5352
Responsibilities Key
SNOD (SN)
DFCS
Transplant Centre
HO

New Clinical Information Post Retrieval but Pre-Transplantation

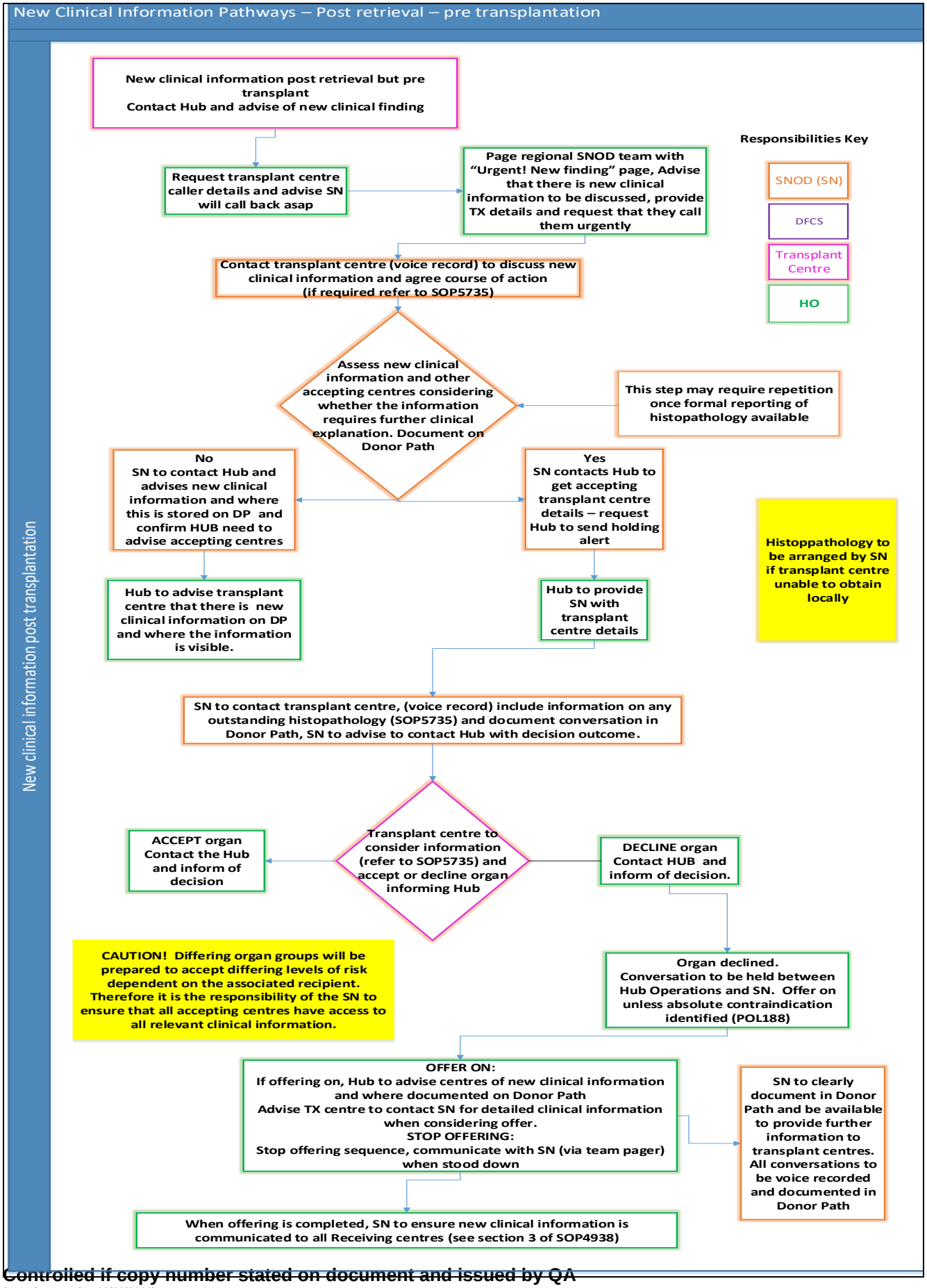
If new information that has potential impact on other recipients is identified at the transplant centre prior to implantation of the received organ, they should contact Hub Operations. The OAS will put them in direct contact with the SN team. In all circumstances, it is the responsibility of the SN to discuss any new clinical information with the transplant centre and for the SN to formulate a clear plan for cascade of the information. The intention is to ensure clear clinical oversight by the SN as per **SOP5735**.

The SN must prioritise contact with centres based on clinical knowledge and cold ischaemic times.

All conversations between the SN and the transplant centre must be voice recorded as per **SOP3649**. Information and decisions must be clearly documented within the Sequence of Events section on Donor Path.

In circumstances where the Transplant Centre are unable to facilitate histopathology locally it is the responsibility of the SN to make attempts to source this via alternative transplanting centres.

Please see below.


New Clinical Information Pathways – Post retrieval – pre transplantation
New clinical information post transplantation
New clinical information post retrieval but pre transplant
Contact Hub and advise of new clinical finding
Request transplant centre caller details and advise SN will call back asap
Page regional SNOD team with "Urgent! New finding" page, Advise that there is new clinical information to be discussed, provide TX details and request that they call them urgently
Responsibilities Key
SNOD (SN)
DFCS
Transplant Centre
HO
Contact transplant centre (voice record) to discuss new clinical information and agree course of action (if required refer to SOP5735)
Assess new clinical information and other accepting centres considering whether the information requires further clinical explanation. Document on Donor Path
This step may require repetition once formal reporting of histopathology available
No
SN to contact Hub and advises new clinical information and where this is stored on DP and confirm HUB need to advise accepting centres
Yes
SN contacts Hub to get accepting transplant centre details – request Hub to send holding alert
Histoppathology to be arranged by SN if transplant centre unable to obtain locally
Hub to advise transplant centre that there is new clinical information on DP and where the information is visible.
Hub to provide SN with transplant centre details
SN to contact transplant centre, (voice record) include information on any outstanding histopathology (SOP5735) and document conversation in Donor Path, SN to advise to contact Hub with decision outcome.
Transplant centre to consider information (refer to SOP5735) and accept or decline organ informing Hub
ACCEPT organ Contact the Hub and inform of decision
DECLINE organ Contact HUB and inform of decision.
CAUTION! Differing organ groups will be prepared to accept differing levels of risk dependent on the associated recipient. Therefore it is the responsibility of the SN to ensure that all accepting centres have access to all relevant clinical information.
Organ declined. Conversation to be held between Hub Operations and SN. Offer on unless absolute contraindication identified (POL188)
OFFER ON:
If offering on, Hub to advise centres of new clinical information and where documented on Donor Path
Advise TX centre to contact SN for detailed clinical information when considering offer.
STOP OFFERING:
Stop offering sequence, communicate with SN (via team pager) when stood down
SN to clearly document in Donor Path and be available to provide further information to transplant centres. All conversations to be voice recorded and documented in Donor Path
When offering is completed, SN to ensure new clinical information is communicated to all Receiving centres (see section 3 of SOP4938)

New Clinical Information Post Transplantation

New information regarding a deceased organ donor which comes to light post implantation must be shared with all receiving centres immediately upon receipt.
New clinical information post implantation can include but is not exclusive to:

- Outstanding results as per handover **FRM5499**.
- Outstanding final microbiology blood results (follow SOP3579).
- Any new relevant clinical information pertaining to a transplant recipient that may impact on other organs and tissues.
- Outstanding histopathology results.
- Outstanding information following completion of GP fax post transplantation.

It is the responsibility of the Regional SN team to follow-up all outstanding results as per **MPD881**. Deceased donation outstanding results include but are not exclusive to:

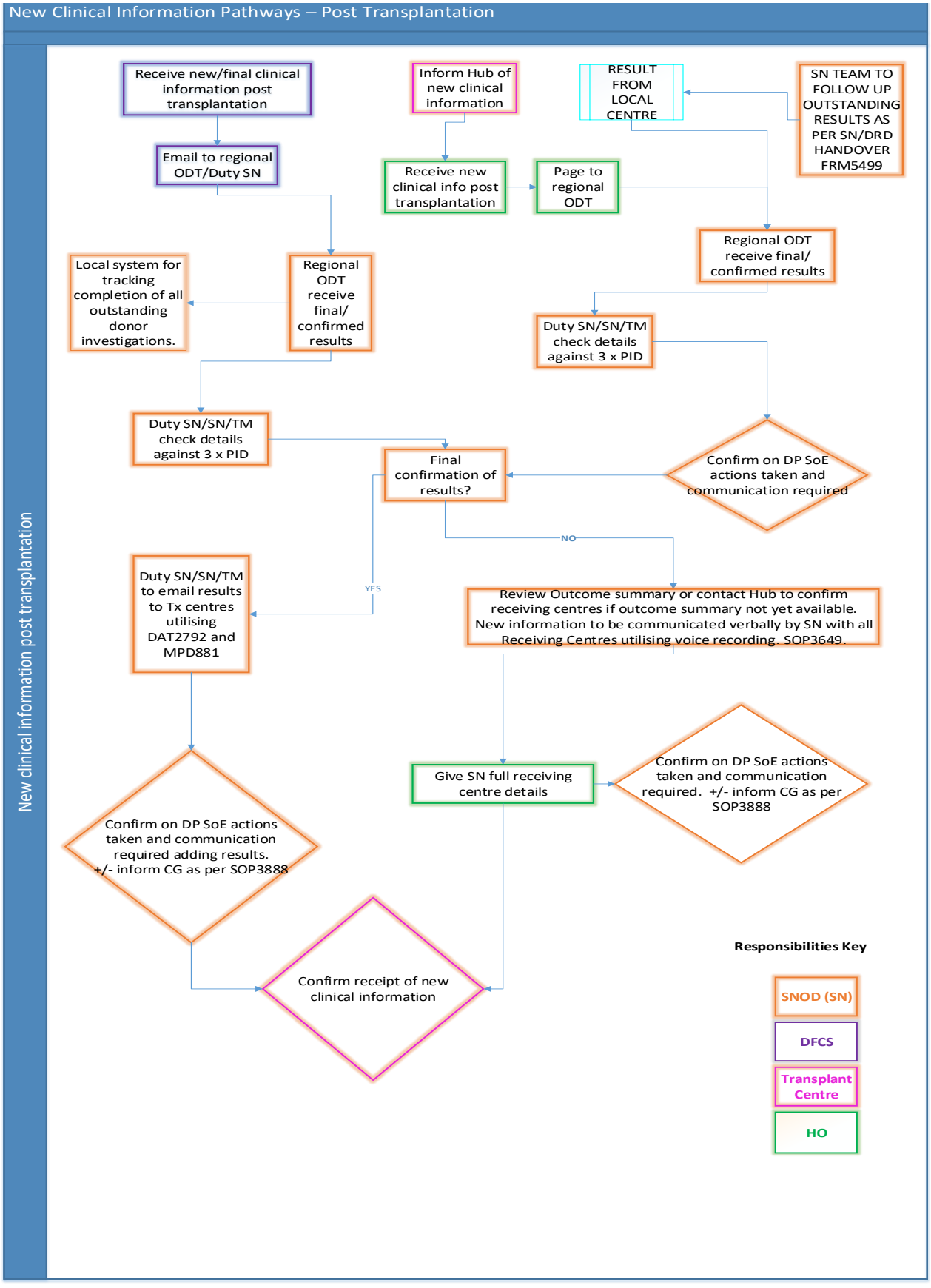
- Blood cultures taken at the donor hospital and outstanding at the time of donation
- Sputum samples taken at the donor hospital and outstanding at the time of donation

It is the responsibility of the SN to oversee the sharing of new clinical information in this context.

If the Donor File has an Outcome Summary available receiving centres can be identified using this.

If the Donor File does not yet have an outcome summary, information regarding the receiving centres must be requested via Hub Operations. The OAS will be able to provide the information using NtXD as source.

Please see below:


New Clinical Information Pathways – Post Transplantation
New clinical information post transplantation
Receive new/final clinical information post transplantation
Email to regional ODT/Duty SN
Inform Hub of new clinical information
Receive new clinical info post transplantation
Page to regional ODT
RESULT FROM LOCAL CENTRE
SN TEAM TO FOLLOW UP OUTSTANDING RESULTS AS PER SN/DRD HANDOVER FRM5499
Regional ODT receive final/ confirmed results
Local system for tracking completion of all outstanding donor investigations.
Regional ODT receive final/ confirmed results
Duty SN/SN/TM check details against 3 x PID
Duty SN/SN/TM check details against 3 x PID
Confirm on DP SoE actions taken and communication required
Final confirmation of results?
NO
YES
Duty SN/SN/TM to email results to Tx centres utilising DAT2792 and MPD881
Review Outcome summary or contact Hub to confirm receiving centres if outcome summary not yet available. New information to be communicated verbally by SN with all Receiving Centres utilising voice recording. SOP3649.
Give SN full receiving centre details
Confirm on DP SoE actions taken and communication required. +/- inform CG as per SOP3888
Confirm on DP SoE actions taken and communication required adding results. +/- inform CG as per SOP3888
Confirm receipt of new clinical information
Responsibilities Key
SNOD (SN)
DFCS
Transplant Centre
HO

Additional Information for Hub Operations Process

1. Verbal reports

Clinical information regarding solid organ donors may only be available in verbal form while a written version is being produced. Information received verbally can include initial biopsy reports or anatomical information reported on arrival at a recipient centre. In all cases it is essential that the details of the clinician are taken and that these details, along with the information are passed onto a SN from the regional SN team. The SN will then make contact with the centre.

It is the responsibility of the SN to advise on the cascade of information. In these circumstances when a verbal report of clinical information is received, the process below must be followed to ensure that all accepting centres promptly receive information relevant to the safe management of their recipients.

At all times, a minimum of 3 points of PID must be confirmed as per **MPD1086** to ensure that the information is recorded against the correct donor and that the correct relevant parties are informed.

1.1. Receiving and recording new clinical information (phone call):

When a call is received regarding new clinical information pertaining to a donor, the OAS must:

- Gain the caller details including name, position, centre/team, and contact number. The caller should be advised that an SN will contact them to discuss directly.
- Document the information provided by the caller, include contact details in NTxD.
- Request any verbal instructions are also sent via email to the Hub Operations inbox for onward forwarding to accepting centres as necessary. If this is not possible for any reason, the information must be read back to the caller to ensure clarity.
- Where required, confirm the expected date and time (if known) that a written report will become available. If this is not yet known, this must be made clear in the NTxD note.

1.2. Allocation of responsibility for sharing new clinical information:

If the new clinical information is received by the Regional SN Team, it is their responsibility to confirm whether they need Hub Operations to disseminate this information with any relevant parties or whether it requires a clinical explanation and therefore they will disseminate the information themselves. If the SN disseminates, Hub Operations will be responsible for confirming which receiving centres need to be informed of the information if this is not readily available to the SN at the time.

If the new clinical information is received by someone other than the Regional SN Team, Hub Operations will need to record the information and then contact the Regional SN Team on their pager to advise of the new information received. The SN will review the information and decide whether this needs to be cascaded to the relevant parties by themselves or if Hub Operations can proceed to inform all relevant parties. The OAS will not be responsible for disseminating any information verbally.

1.3. Sharing the new clinical information

If the SN confirms that Hub Operations can share this information as it does not require a clinical explanation, then for each centre the OAS should:

- Contact all accepting centres via the contact method on the Digital Directory (if organs have been placed for research, this information must also be given to the accepting researcher).
- Ensure that they provide details of the donor to which the new clinical information relates to using a minimum of 3 points of PID (as per **MPD1086**).
- Advise the receiving centre where the information can be located e.g. on EOS and in which section. No information should be relayed verbally.
- Advise of the expected date that a written report will become available.
- Using the note template available on the Digital Directory (Histopathology/Virology/Microbiology/Photos note template) record in NTxD in the relevant donor's notes all centres and the contact name of the person that has been informed of this information.

***Note:* For any organs that have been accepted by any Transplant Organisation in Europe, the report (or alternative written documentation provided by the SN) will be emailed to the Hub Operations inbox. Hub Operations will be responsible for forwarding this information to the accepting European centre. SN's will not be responsible for communicating this information.**

In all cases, all details must be documented onto the relevant donor's notes including who the information was sent to, that a call was made to confirm receipt.

2. Written reports

The safest way to communicate clinical information is in writing and written versions of all clinical information received verbally should be sought at the earliest opportunity. It is the responsibility of the Regional SN Team to ensure that written reports are followed up.

The below process must be followed to ensure that the recipient centres have written confirmation to support any information relayed verbally.

***Note:* This guidance applies to all clinical information received EXCEPT for transport fluid reports – for guidance on disseminating these reports, see point 4 below.**

At all times, a minimum of 3 points of PID (Patient Identifiable Data) must be confirmed as per **MPD1086** to ensure at all times to ensure that the information is recorded against the correct donor and that the correct relevant parties are informed of all updates.

2.1. Recording the new clinical information (email):

When an email is received into the Hub Operations inbox containing new clinical information pertaining to a donor, the OAS must record in an NTxD note:

- Capture the sender's details including name, position, centre/team, and contact number.
- Record the date and time the new clinical information is received as well as the type of report.

Once a note has been added to the relevant donor's notes in NTxD, a copy of the report will need to be stored in the relevant donor's file in the F Drive ready to be shared with any relevant parties (see next sections).

2.2. Allocation of responsibility for sharing new clinical information:

If the new clinical information is received by the Regional SN Team, it is their responsibility to confirm whether they need Hub Operations to share this information with any relevant parties or whether it requires a clinical explanation and therefore they will share the information themselves. If the SN is disseminating, Hub

Operations will be responsible for confirming which centres need to be informed of the information if this is not readily available to the SN via the Outcome summary.

If the new clinical information is received by someone other than the Regional SN Team, Hub Operations will need to record the information and then contact the Regional SN Team on their pager to advise of the new information received. The SN will review the information and decide whether this needs to be cascaded to the relevant parties by themselves or if Hub Operations can proceed to inform all relevant parties.

The SN is also responsible for confirming whether this information needs to be shared with the Donor Family Care Service (DFCS) or receiving centres

2.3. Sharing the new clinical information:

If the SN confirms that Hub Operations can share this information, then for each centre the OAS should:

- Forward the report via email to all relevant centres (including researchers if the organ was accepted for research) using the addresses listed in the Digital Directory (emails must be encrypted if being sent to a non-NHS email address).
- A call MUST be made to the centre using the method listed in the Digital Directory, this information cannot be left as a message and must be discussed with the relevant person at that centre directly. The person taking the call must confirm receipt of the report (they may request that a copy be sent to an alternative email address, this is fine to do so, as long as it is sent encrypted to non-NHS email addresses).
- Using the note template available on the Digital Directory (Histopathology/Virology/Microbiology/Photos note template) record in NTxD in the relevant donor's notes all centres and the contact name of the person that has been informed of this information.

***Note:* If a report needs to be sent to the NRC, this will need to be sent to national.referral.centre@nhsbt.nhs.uk**

3. Photographs

When an organ needs to be allocated after having been retrieved, an SN may take photographs of the organ for Hub Operations to share with considering centres to aid decisions around acceptance or decline of an organ. The following process must be followed to ensure that centres have access to this additional information when deciding whether to accept an organ for transplant:

3.1. Receiving the call from the SN:

As per **MPD1100**, the SN must call Hub Operations before sending a photograph. The OAS taking the call is to:

- Establish the identity of the donor using a minimum of 3 points of PID (as per **MPD1086**).
- Confirm which organ is going to be photographed. If more than one organ is going to be photographed, then the OAS must advise the SN to send these photographs in separate emails.
- Record the full conversation in the donor's NTxD notes.

3.2. Receiving and saving the photographs:

When the email arrives, the OAS must:

- Check that the email contains 3 points of PID to identify the donor (as per **MPD1086**).
- Ensure that the photograph/s have been attached and can be opened and viewed.
- If the organ is a kidney, check that the kidney's coloured sterile bag tie (red = right kidney, yellow = left kidney) is visible in the photograph to identify the kidney as left or right.

Save all the attachments in the relevant donor's electronic folder in the F Drive.

3.3. Sharing the photographs

When making offers of the organ/s for which a photograph has been received the OAS will:

- Advise the considering centre that photographs of the organ/s are available. If the organ is being offered via fast track, then add a note to the fast track offer message to indicate that photographs are available.
- If any considering centre would like to see the photographs, forward all of the pictures on as attachments to an email (encrypted if needed) including the donor number as the subject line and 3 points of PID within the body of the email to clearly identify the donor.
- Photographs or organs can be shared with researchers to aid in their decision making. As per **SOP4442** researchers can be given only basic points of PID to identify which donor a photograph relates to.

***Note:* No additional time will be given to centres if they are offered an organ via fast track that contains images.**

4. Transport Fluid reports

Hub Operations may be sent reports from recipient centres containing information about clinically relevant isolates identified in transport fluid following organ retrieval. These will be sent using **FRM5964** and Hub Operations will only process these reports when they are received in this format. Any received in a different format will be returned to the sender with a request to re-send using the correct form.

***Note:* There is no need to share this information with any SN Teams before sending out to the relevant centres as with other reports as these do not require a clinical conversation.**
On receipt of this information, Hub Operations will use the following process:

4.1. Receiving the information:

On receipt of a transport fluid report, the OAS will:

- Establish the identity of the donor using a minimum of 3 points of PID (as per **MPD1086**).
- Ensure that the form itself contains a minimum of 3 points of PID – if not, the sender must be contacted and asked to re-send the form with the correct PID.

A copy must be saved to the relevant donor's electronic file in the F Drive.

4.2. Sharing the information:

Transport fluid reports received on **FRM5964** must be shared with all recipient centres who have received an organ from that donor, as well as the NRC, SNBTS (for donors in Scotland) and the Donor Family Care

Service. When sharing the report, the OAS will:

- Establish which centres require a copy of the report using **FRM4207** and the Organ Outcome form found on NTxD (including any relevant researchers if any organs were accepted for research).
- Forward a copy of the report via email to all recipient centres that have received an organ from the donor, NRC and SNBTS (for donors in Scotland) using the email addresses listed in the Digital Directory (this information can also be found in **DAT2792**).
- A note must be entered onto the relevant donor's notes in NTxD using the Transport Fluid Reports note template on the Digital Directory confirming who sent the form into Hub Operations and who this has been shared with.
- **For these reports, there is no requirement to telephone centres to confirm receipt.**

5. Other Ad-hoc Reports

For any other reports that are received into Hub Operations, a conversation will need to be had with the Regional SN Team to see if this is a report that needs to be forwarded to accepting centres and whether this will need a clinical conversation.

For PITHIA reports that are received, the process to follow is detailed in **SOP4442** in the PITHIA section of this document. This will not require a discussion with the Regional SN Team.