

Objective

To guide the SN in the process of taking a referral, registering a potential organ donor and completing the donation process when DonorPath and/or TransplantPath is unavailable.

Changes in this version

Full revision of approach due to EOS replacement TransplantPath

Update of professional role names

Inclusion of encrypted email guidance (Appendix 1)

Roles

- **Specialist Nurse (SN)** – to follow the guidance in this SOP to ensure that all referral details are captured, and the relevant data is transmitted to Hub Operations securely to allow the registration of a potential donor and donation to proceed.
- **Lead Nurse/Organ Donation Management Team (LN/ODMT)** – To liaise with all parties to communicate impact of outage and work with all stakeholders to manage donor activity and best course of action.
- **Hub Operations (HO)** – to work with the SN to maintain the organ donation process within their outage process **SOP4859** – Emergency Event and Security Procedures – Hub Operations
- **Service Desk/Service Management** – To work with IT and clinical teams to communicate and investigate the cause of the outage within their outage processes.
- **National Referral Centre (NRC)** – to work with the SN to maintain the tissue donation processes in line with their outage process **SOP5575** – Manual Tissue Donation Process for a Potential Tissue Donor in the event of TissuePath/DonorPath/IT network unavailability

Restrictions

- **SN Trainee** – A SN in training working alongside and under supervision of a competent and trained SNOD

Items Required

- **Donor File 'Back Up' Pack** – Available from DFCS and documents listed in File Director to allow printing if required.

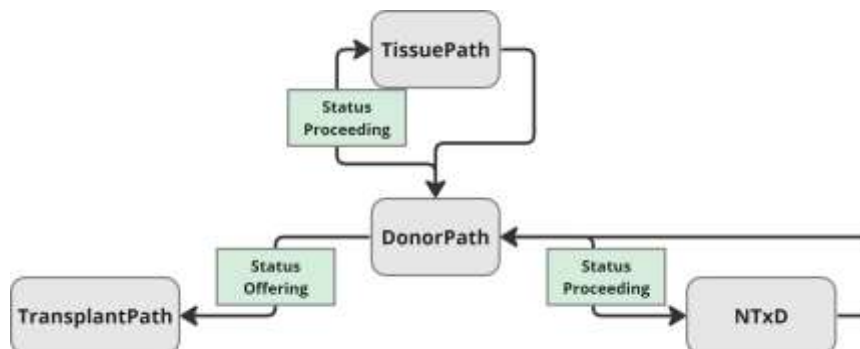
Instructions

Advice

- In the event that DonorPath is unavailable, other IT based systems may also be unavailable.
- An IT outage can be planned or unplanned and may occur at any point in the donation process.
- If you become aware of an IT failure, you must escalate this to Service Desk, HO, the LN / ODMT on call and the NRC at the earliest opportunity to ensure global communication, impact assessment and early investigation.
- Please ensure all communication pathways are communicated and confirmed with all stakeholders and please ensure additional outage communication received during/prior to the outage is followed.


1. Background

- 1.1 DonorPath integrates with TissuePath, TransplantPath and the National Transplant Database (NTxD).
- 1.2 Data is pushed and shared between the systems at the point of a status change – see diagram below:



- 1.3 An outage in any one of these systems may directly impact other systems.
- 1.4 Early escalation is vital to assess the full impact and ascertain which systems are affected and what information transfer has been successful.

2. Donor File ‘backup’ packs

- 2.1 A full and current list of the documents within the backup donor file can be found in [File Director](#). SN’s should familiarise themselves with the backup packs in preparation for an outage.
- 2.2 In the event of a DonorPath outage SN’s are required to document the donor process within **FRM4212** – Organ Donation Clinical Pathway. This document captures the information that would ordinarily be entered into DonorPath.
- 2.3 The SN is also required to complete **FRM4193** – Core Donor Data (CDDF) and **FRM4211** – Medical and Social History Questionnaire (MaSH), to capture the information required by recipient centres to make accept / decline decisions on organs offered. Within DonorPath, these are the fields highlighted with the wifi symbol ().
- 2.4 Please ensure **MPD385** – Good Documentation Practice, is followed.
- 2.5 In addition to **FRM4212**, **FRM4193** and **FRM4211** the following forms are routinely completed in DonorPath and will need to be completed on paper if DonorPath is unavailable:
- **FRM4228** – Potential Donor Referral and Assessment
 - **FRM4039** – NHSBT Referral for Coroner/Procurator Fiscal
 - **FRM4156** – Organ Retrieval Information
 - **FRM4153** – Proceeding and Non-Proceeding Donors after Cardiac Death-Information (DCD only)
 - **FRM4131** – DCD Observation Chart (DCD only)
- 2.6 In addition to [the above please note](#):
- **FRM7307** – Organ Retrieval Safety Checklist replaces FRM4135 and is included within all donor packs and will be routinely completed on paper. This replaces the requirement to complete the Peri-Operative section within the Retrieval Checklist on DonorPath.
 - **FRM4121** – Kidney Donor Information (HTA-A) is completed in paper for [ALL](#) Kidney donors. This information is also transcribed into DonorPath ‘Kidney Anatomy’ section. Refer to [Section 9 ‘Status Retrieval’](#) for back up process.

3. DonorPath is unavailable

- 3.1 Escalate to Service Desk, HO, the LN / ODMT On Call and the NRC at the earliest opportunity.
- 3.2 Outage can happen at any part of the donation process.
 - Hub Operations and the LN / ODMT On Call will work with the SN to decide the best course of action in relation to the stage of the donation process.
 - In a planned outage, the 'Transplant Record' (CDDF/MaSH) can be downloaded from DonorPath Web ahead of the outage – see [section 15.4](#)
- 3.3 If DonorPath is unavailable, TransplantPath will not receive any new information and TransplantPath should not be used by the recipient centres to assess organ offers.
- 3.4 Information already submitted to DonorPath prior to it becoming unavailable will already be stored and does not need to be duplicated on paper.
- 3.5 The CDDF (**FRM4193**) and MaSH (**FRM4211**) will need to be completed in full if the outage occurs prior to status 'Offering'.
- 3.6 During an outage, secure email is the approved route for sending confidential donor information.
- 3.7 Emails must always be encrypted to ensure donor confidentiality whether these are sent directly to the surgeon by the SN or are sent via Hub Operations.
- 3.8 To check if the recipient email address is automatically encrypted see [Appendix 1](#). If not, encryption must be forced by typing 'Confidential' in the email subject heading.
- 3.9 Hub Operations must always be copied in to emails to allow storage.
- 3.10 When IT systems are unavailable, voice recording must be used as evidence of action where appropriate, see **SOP3649** for detailed guidance
- 3.11 All communication (verbal and written) must contain a minimum of three accepted Personal Identifiable Data (PID) as per **MPD1086**:

Personal Identifiable Data (PID):
1. ODT Donor/Case number*
2. Full Name (Forename Surname)
3. Date of Birth
4. NHS/CHI Number
5. Hospital Name/Code*
* A hospital code / case number can be used in place of a hospital name or donor number but not in addition to it to make up 3 points of PID

- 3.12 For guidance during the donation process, please refer to the following sections:
 - [Referral – Status 'Assessing / Assessing on Site'](#)
 - [Status – 'Proceeding'](#)
 - [Tissue Donation](#)
 - [Status – 'Offering'](#)

- [No Organs Accepted – Stand Down](#)
- [Status – ‘Retrieval’](#)
- [Sending Photographs/Documents via email](#)
- [Organ packing and dispatch](#)
- [Status – ‘Complete’](#)
- [Post Donation – Donor follow up](#)
- [IT Systems Restored](#)

4. Referral - Status ‘Assessing / Assessing on Site’

- 4.1 On receipt of a referral to the ODST following **SOP3781** – Receipt of Referral of a Potential Organ Donor, the referral should be documented on **FRM4228** – Potential Donor Referral and Assessment.
- 4.2 **SOP3817** – Access for SN’s and other external approved users to the NHS Organ Donor Register (ODR) should be followed for checking the ODR or if the ODR is unavailable.

5. Status – ‘Proceeding’

- 5.1 Following consent/authorisation, telephone Hub Operations to generate an ODT donor number by providing mandatory donor details which include:
 - Patient Name
 - Date of Birth
 - Donor Hospital
 - Blood Group (if available)
- 5.2 If NTxD is available, the ODT donor number will be a permanent number.
- 5.3 If NTxD is unavailable, the ODT donor number will be a temporary number.
 - See [section 14 – IT systems are Restored](#) for the process of gaining a permanent ODT donor number once systems are restored.
- 5.4 In instances when DonorPath is unavailable prior to Electronic Result Transfer (ERT) upload, then the SN will have to revert back to manual process as per **SOP6514 – Clinical Microbiology Manual**, as ERT will not upload when DonorPath becomes available.
- 5.5 Consider if there is consent for Tissue donation and action as per [Section 7 – Tissue Donation](#)

6. Status – ‘Offering’

- 6.1 It is vital that the CDDF (**FRM4193**) and MaSH (**FRM4211**), and the Consent / Authorisation form (**FRM4281 / FRM1538**) are completed in full, scanned with Genius Scan and emailed to HO at the point of registration. See [Section 10 – Sending Images and Documents](#)
- 6.2 The agreed minimum data set for cardiothoracic donors will also need to be scanned within Genius Scan and sent to Hub Operations for forwarding to transplant centres (see **SOP6405 – Donor Characterisation Manual** and **MPD1382 – Clinical Touchpoints** for guidance).
- 6.3 There is no need to omit PID of the donor from paper work – this is historic practice and no longer a requirement.
- 6.4 Contact Hub Operations to confirm receipt of the email.
 - Confirm donor number
 - Confirm that an email has been received with the same donor number.
 - Confirm the number of pages received.

Advice

*If updates are made to **FRM4193** (CDDF) / **FRM4211** (MaSH) / **FRM4281** (Consent) / **FRM1538** (Authorisation), they must be re-scanned and sent to HO again alerting them to the location of additional information for sharing with RPOCs*

7. Tissue Donation

- 7.1 In the event of a DonorPath or TissuePath outage, the NRC will follow **SOP5575 – Manual Tissue Donation Process for a Potential Tissue Donor in the event of TissuePath/DonorPath/IT network unavailability**.
- 7.2 If there is consent for Tissue donation, the CDDF (**FRM4193**) MaSH (**FRM4211**) Consent / Authorisation (**FRM4281 / FRM1538**) must be scanned with Genius Scan and emailed to the NRC.
- 7.3 A member of the NRC will call the SN to discuss the referral and gain further information including:
 - Admission details and Cause of Death.
 - PMH to include details of anything not captured in MaSH.
 - Coroner status.
 - Blood/Microbiology results.
 - Body Map.

Advice

*If updates are made to the CDDF (**FRM4193**), MaSH (**FRM4211**) Consent / Authorisation (**FRM4281 / FRM1538**) forms, they must be re-scanned and sent to NRC again alerting them to the location of additional information*

8. No Organs Accepted – Stand Down

- 8.1 Confirm with Hub Operations and stand organ donation process down.
- 8.2 Confirm if patient to donate tissues and work with the NRC to continue the [Tissue Donation process](#).
- 8.3 Please refer to **MPD910 – Medical Records Entry** and **SOP5024 – Tissue Donation Manual** for detailed guidance on relevant documentation to complete.
- 8.4 Continue to document actions within the Clinical Pathway (**FRM4212**), ensuring good documentation practice (**MPD385**) including to sign, date and time the entries.
- 8.5 Complete donation process.

9. Status – ‘Retrieval’

- 9.1 Receive confirmation from Hub Operations of the Recipient Centres that have accepted organs for transplantation.
- 9.2 Contact all RPOCs to discuss the outage and agree outage communication pathways ensuring key touch points are maintained as per **MPD1382**.
- 9.3 Continue with mandatory actions to complete the organ donation process. Please refer to the Theatre Manual for Deceased Organ Donors (**SOP5499**), for detailed guidance on actions to take to support the donor process in theatre.
- 9.4 **FRM4121 – Kidney Donor Information (HTA-A)** form will need to be [scanned via the Genius Scan](#) application or verbally communicated to HO to enable the Kidney Damage/No Damage Retrieval Pathway to continue (See the Theatre Manual (**SOP5499**) for guidance).
 - Hub Operations will confirm receipt of scanned HTA-A Kidney (and Pancreas HTA-A **FRM4122** if applicable) and that coding and comments are legible.
 - If not legible, the SN with support of NORS must confirm all coding and comments verbally with Hub Operations.
- 9.5 All images to be taken in line with **MPD1100 – Guidance and Principles - Donor Related Images and Video**. See [section 10 ‘Sending Photographs/Documents to Hub Operations’](#)

10. Sending Photographs/Documents to Hub Operations via Genius Scan App on the iPad

- 10.1 All images and documents should be emailed to Hub Operations: Odthub.operations@nhsbt.nhs.uk to allow for storage within the donor file.
- 10.2 SN's must call HO to advise they are sending photographs via email (as per **MPD1100**). The SN must give Hub minimum of 3 points of PID (as per [section 3.11](#)).
- 10.3 Confirm which organ is going to be photographed. If more than one organ is going to be photographed inform Hub how many emails to expect and send these photographs in separate emails.
- 10.4 All photos from the same organ should be sent together as one file. The file name should be the ODT number and the organ included. Please follow the guidance on the genius app for latest information on sending files.
- 10.5 If both one or more organs have been photographed, images should be sent in separate emails, one email per organ.
- 10.6 The cover email must contain the listed PID as per [section 3.11](#), documenting the organ included within the email subject section.
- 10.7 Ask HO to forward these to the transplanting surgeon as requested or to offer to the transplant surgeon for viewing.
- 10.8 It should be documented in the Clinical Pathway (**FRM4212**) that photographs have been taken and sent to Hub Operations.
- 10.9 Photographs of the organ must be deleted from the iPad following the donation process.
- 10.10 There will be no ability to share video during a DonorPath outage.
- 10.11 Where clinically indicated, the SN will support facilitating Surgeon to Surgeon communication to support decision making.
- 10.12 Continue to document actions within the Clinical Pathway (**FRM4212**), ensuring good documentation practice (**MPD385**) including to sign, date and time the entries.

11. Organ packing and dispatch

- 11.1 Photocopy **FRM4193** (CDDF) and **FRM4211** (MaSH) and ensure that a copy of the forms accompany each organ.
- This must be the complete and final version
- 11.2 **FRM4193** (CDDF) and **FRM4211** (MaSH) (plus any continuation sheet for free text) are the only copies of characterisation paperwork that are to accompany an organ.
- Any other paperwork that is used for data collection purposes should not accompany the organ and must be kept for local donor records only.
- 11.3 Follow the Theatre Manual (**SOP5499**) and, where applicable, the Tissue Donation Manual (**SOP5024**) for detailed guidance on other mandatory paperwork / samples required to accompany an organ for transplantation.

Advice

*If any updates are made after the organ has been dispatched, follow **SOP4938** – Sharing Clinical Information, ensuring all parties are alerted*

12. Status – ‘Complete’

- 12.1 The SN must retain a copy of all completed paper records and return them to DFCS in the donor file following donation
- 12.2 Please refer to **MPD910** – Medical Records Entry and **SOP5024** – Tissue Donation Manual for detailed guidance on relevant documentation to complete.

13. Post Donation / Donor Follow up

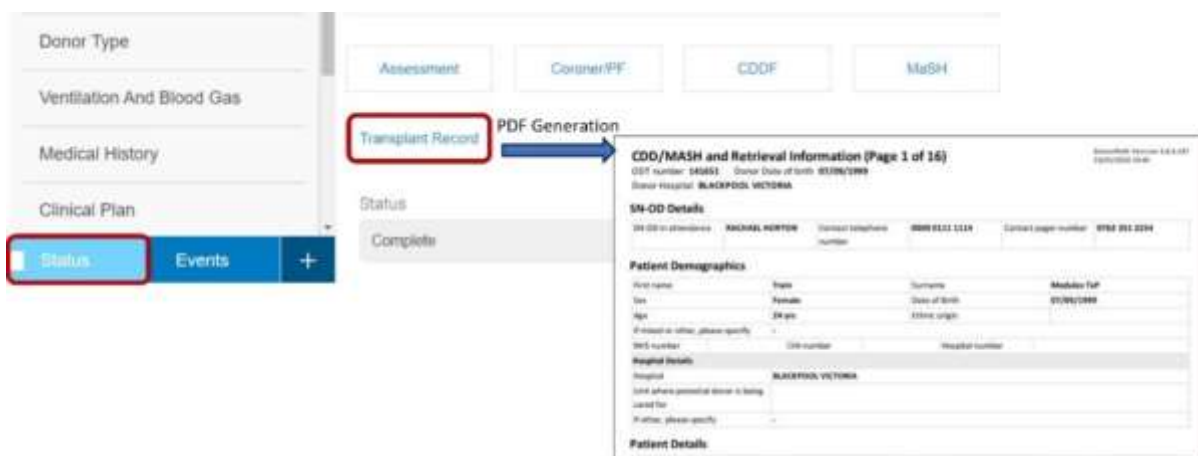
- 13.1 The Donor Family Care Service will follow their outage plan (**MPD1658**) to maintain continuity of service.
- 13.2 The SN should communicate hand over actions and recovery plans on the SN to DFCS Handover Form (**FRM5499**).

14. IT systems are restored

- 14.1 It is the responsibility of the SN completing the paper forms to input them onto DonorPath once the IT systems are available post-donation.
- 14.2 If a temporary donor number was assigned by Hub Operations as NTxD was unavailable, once the IT systems are restored then the SN will create an electronic donor record in DonorPath by inputting all of the relevant documentation from the paper forms above. This will create a donor number by changing the status to proceeding. The SN must then inform Hub operations of this number.

15. TransplantPath is Unavailable

- 15.1 In the situation where TransplantPath is unavailable, all RPOCs involved in current donation activity must be alerted by Service Desk/HO.
- 15.2 If DonorPath is still available, the SN can continue to utilise DonorPath to progress the donation process.
- 15.3 SNs and RPOCs/HO should agree communication methods for key touch points as per **MPD1382**.
- 15.4 It is possible to download the 'Transplant Record' from DonorPath WEB (when available)
 - An any point in the process, a DonorPath WEB user can download the 'Transplant Record'
 - This will populate a PDF with the CDDF/MaSH information which can be sent to RPOCs



- 15.5 Refer to ['Sending Images and Documents'](#) section for media sharing continuity.

⊖ **End of Procedure**

SOP3925/7 – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the Event of DonorPath/IT Network Unavailability



Blood and Transplant

Copy No:

Effective date: 13/03/2024

Definitions

- **DonorPath** – The secure electronic system that SNODs utilise to upload clinical information about the patient. Data is shared with EOS (Electronic Offering System) which can be accessed by the RCPoCs, so decisions can be made on whether to accept organs for transplant.
- **ODR (Organ Donor Register)** – The NHS Organ Donor Register is a confidential, computerised database recording people's legal wishes in respect to organ donation.
- **Person Identifiable Data (PID)** – Any data that can identify an individual that can be sensitive in nature
- **Organ Donation Services Team (ODST)**
- **TransplantPath** – the IT application the recipient points of contact access donor information for review
- **Hub Operations (HO)** – the central co-ordinating office of NHSBT for organ donation and transplantation
- **Electronic Result Transfer (ERT)** – automatic transfer of Microbiology results into DonorPath
- **National Transplant Database (NTxD)** – Includes details of all donors and patients who are waiting for, or who have received, a transplant
- **Recipient Points of Contact (RPoC)** – the person that liaises between HO and the SNOD regarding organ offering and acceptance
- **Donor Family Care Service (DFCS)** – NHSBT centralised administration services for donor records
- **Genius Scan App** – recommended scanning app on NHSBT iPads for scanning documents ready to email – [download via Company Portal](#)

Related Documents/References

Forms

[FRM1538](#) – Authorisation – Solid Organ and Tissue Donation

[FRM4039](#) – NHSBT Referral for Coroner/Procurator Fiscal

[FRM4121](#) – Kidney Donor Information

[FRM4122](#) – Deceased Donor Pancreas Information

[FRM4131](#) – DCD Observation Chart

[FRM4153](#) – Proceeding and Non-Proceeding Donors after Cardiac Death-Information

[FRM4156](#) – Organ Retrieval Information

[FRM4193](#) – Core Donor Data

[FRM4211](#) – Medical and Social History Questionnaire

[FRM4212](#) – Organ Donation Clinical Pathway

[FRM4228](#) – Potential Donor Referral and Assessment

[FRM4281](#) – Consent – for Organ and/or Tissue Donation

[FRM5499](#) – SN to DFCS Handover Form

[FRM7307](#) – Organ Retrieval Safety Checklist

SOPs

[SOP3649](#) – Voice Recording of Organ Donation Clinical Conversations

[SOP3781](#) – Receipt of a Referral of a Potential Organ Donor

[SOP3817](#) – Access for SNOD's and other External Approved Users to the NHS Organ Donor Register (ODR)

[SOP4859](#) – Emergency [Event and Security](#) Procedures – Hub Operations

[SOP4938](#) – [Sharing Clinical Information](#)

[SOP5024](#) – Tissue Referral process

[SOP5499](#) – Theatre Manual for Deceased Organ Donors

[SOP5575](#) – [Manual Tissue Donation Process for a Potential Tissue Donor in the event of TissuePath/DonorPath/IT network unavailability](#)

[SOP6405](#) – Donor Characterisation Manual

[SOP6514](#) – Clinical Microbiology Manual

MPDs

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SOP3925/7 – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the Event of DonorPath/IT Network Unavailability



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- MPD1086 – Hub Operations Minimum Operating Standards – PID
- MPD1100 – Guidance and Principles – Donor Related Images and Video
- MPD1382 – Donation Pathway Communication Touchpoints – SN’s, Hub Operations and RPoC’s
- MPD1658 – Business Continuity Plan – DFCS
- MPD385 – Good Documentation Practice
- MPD910 – Medical Records Entries for Proceeding and Non-Proceeding Organ and/or Tissue Donors

Appendix 1 – Secure Email Addresses

Below is guidance on recipient email address and automatic encryption.

If the email is not encrypted, encryption must be forced by typing ‘Confidential’ in the email subject heading.

Email System	Sender	Recipient	Status
NHSBT	name@nhsbt.nhs.uk	name@nhsbt.nhs.uk	encryption is forced for you
NHSBT	name@nhsbt.nhs.uk	name@nhs.net	encryption is forced for you
NHSBT	name@nhsbt.nhs.uk	name@nhs.scot name@aapct.scot.nhs.uk name@borders.scot.nhs.uk name@ggc.scot.nhs.uk name@gjnh.scot.nhs.uk name@lanarkshire.scot.nhs.uk name@nhs24.scot.nhs.uk name@nhslothian.scot.nhs.uk name@XXX.scot.nhs.uk	encryption is forced for you
NHSBT	name@nhsbt.nhs.uk	Any email address other than those listed above	Insecure unless encrypted
NHSMail	name@nhs.net	name@nhs.net	encryption is forced for you
NHSMail	name@XXX.scot.nhs.uk	name@nhs.net	encryption is forced for you
NHSMail	name@nhs.net	XXX@name.nhs.uk	Insecure unless encrypted **
Non NHSBT and NON NHSMail	e.g. name@gmail.com	ANY	Insecure unless encrypted but must not generally be used

*A secure hospital transfer system is when different email addresses belong to the same domain or are within the same email network.

**It is possible that a recipient organisation does have an encrypted link to NHSMail like NHSBT, but this cannot be assumed.

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