

Policy

This policy supports the capture and attachment of donor related files and media within DonorPath to support donation and transplantation. For the purpose of this document the term file refers to all document attachments. The term media refers to photographs and video.

All file and media sharing are performed via the DonorPath application to enable visualisation in the TransplantPath application.

The decision whether to accept a retrieved organ for transplantation depends on many factors and the implanting surgeon must make a decision based on balance of risk and benefit, taking into consideration the privacy and dignity of the individual. In some instances, review of additional information such as photographs, video and radiological images of the organ taken before, during or after retrieval will help the surgeon make the most appropriate decision and aids utilisation.

Recording images of organs, tissues or other aspects of the donor e.g., a suspicious skin lesion, is encouraged where it is clinically indicated to ensure the safety of the donation, retrieval and transplantation of organs and tissues and where consent/authorisation has been given and is in line with current guidance and when the confidentiality of the donor is protected.

Reports (such as additional microbiology reports) and images of other investigations (such as echocardiographs) may be uploaded to DonorPath and accessible to the recipient team, if indicated, to ensure the safety of organ retrieval and transplantation.

Objective

This document is intended to offer guidance and principles on the practice of capturing and attaching files and media to ensure the safety of the donation, retrieval and utilisation of organs and tissue for transplantation.

Changes in this version

Expansion of title and content to include 'Files'.

Addition of a document contents – hyperlinked.

Removal of 'Genius Scan', updated to 'NHSBT approved scanning application', plus usage guidance.

Process of organ / document image capture separated for clarity.

Addition of Chest X-Ray, vessels and ad hoc tissues guidance.

Pancreas section updated to reflect current functionality.

Addition of Auto Focus and Image Capture advice (Section 13).

Addition of Appendix B – File Types Crib Sheet.

Roles

Specialist Nurse (SN) Organ Donation- To undertake appropriate imaging of documents, reports and clinically relevant information via iPad and upload to DonorPath to aid clinical decision making by transplant centres **ensuring adherence to SOP4938 – Sharing of Clinical Information.**

National Organ Retrieval Service (NORS) - To guide and where appropriate assist with the process of image taking, both routine and damage to aid clinical decision making by transplant centres. To comply with the requirements of this MPD, local and centre policy on images for education, ensuring the correct consent, storage and destruction is adhered to.

Recipient Centre Point of Contact (RCPoC)/Transplant Clinician - To ensure access to and utilise TransplantPath application. Utilise images to guide clinical decision making on organ suitability and safety for transplantation.

Hub Operations - To support the transfer of images in periods of IT outage or on receipt of images taken at accepting transplant centres

Document Contents - Hyperlinked

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4	Confidentiality
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7	Guidelines – Organ Image Function
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9	Photographing kidneys – organ specific guidance
10	Photographing of the Pancreas – organ specific guidance
11	Photographing of the Liver – organ specific guidance
12	Imaging in circumstances of organ damage
13	Imaging technique guidance
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1. Principles

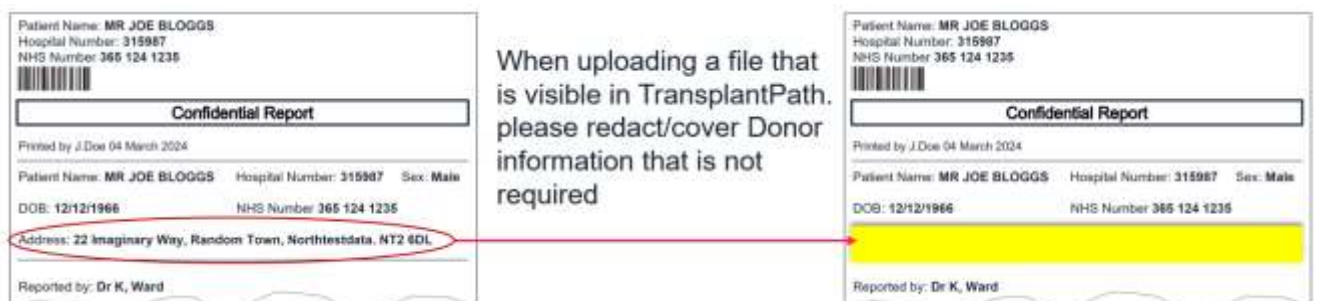
- 1.1 There are three key principles to consider when sharing recorded information (such as **files and media**):
 - Consent / Authorisation
 - Anonymity
 - Confidentiality
- 1.2 The duty to share information can be as important as the duty to protect patient confidentiality although information must be shared only with those who have a need to know (Caldicott principle 7). Please see Appendix A for the Caldicott principles related to confidentiality of information.

2. Consent / Authorisation

- 2.1 According to the General Medical Council (GMC) consent to record images of internal organs or structures will be implicit in the consent/authorisation, to support clinical decision making, quality and safety in organ and tissue transplantation, and does not need to be obtained separately.
- 2.2 Images taken in theatre must comply with the local hospital policy, where donation occurs, and care should be taken to ensure that the donating hospital cannot be identified in the image.
- 2.3 Staff at the donor hospital may not feel comfortable being filmed and/or recorded, and in these cases their consent must be obtained before filming/voice recording commences.
- 2.4 In the circumstance of transplant clinicians seeking to utilising images for training or education purposes explicit consent should be obtained at an appropriate point in the process and compliance with the storage of images as per local Trust/Health Board information governance. Surgeons should raise this at the earliest opportunity to enable a conversation with the family.

3. Anonymisation


- 3.1 Photographs or videos of organs must not be taken or shared where the patient is, or may be, identifiable.
- 3.2 Identifiable features could include birthmarks, tattoos or geographic location and care must be taken to exclude these from images. It is essential that photographs contain NO identifiable aspects of the donor hospital, operating theatre or staff. An exception to this would be in sharing images of limbs intended for Transplant as per MPD971 – Specialist Nurse – Organ Donation role in Upper Limb Donation.
- 3.3 Files or Document Images will have an element of patient identifiable data (PID), i.e. blood group or CT, however care should be taken to avoid unnecessary information such as address.



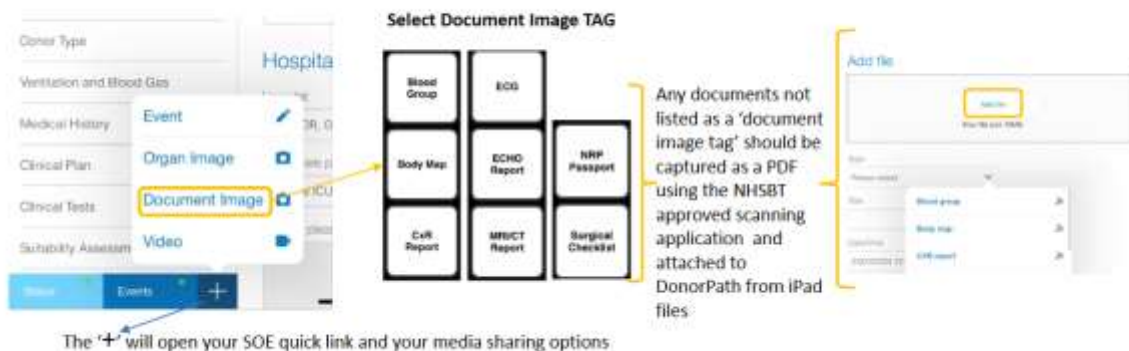
4. Confidentiality

- 4.1 Images should **only** be captured via the DonorPath application or NHSBT approved scanning application and accessed only via the TransplantPath application, with the applied principles above. This mitigates any requirement to share between the retrieval, recipient teams, transplanting centre and Specialist Nurse (SN) via other applications. No images or files are to be stored on devices.
- 4.2 Images may be uploaded to the incident reporting system if reporting a clinical incident, such as damage.
- 4.3 In the event of a clinical incident for which imaging is required to be support, all images will be accessible in DonorPath and TransplantPath and therefore no requirement to share by other means.
- 4.4 Images must not be shared in public media such as television, radio, internet, print.

5. Guidelines – Document Image Function

- 5.1 There is a 'Document Image' capture functionality on DonorPath, which enables a SN to capture images of certain files and assign labels and comments.
- 5.2 Visible file types (indicated by the WiFi symbol ) can be accessed by Transplant Centres via TransplantPath.
- 5.3 Principles of consent and confidentiality should be adhered to and guidance on image quality can be found in Section 14.
- 5.4 The process steps for Document Image function are in the picture below.
- 5.5 Appendix B offers guidance on the file types to be utilised.

Adding a 'Document Image' in DonorPath iOS



Advice

Comments that are added in the free text box for Documents are NOT visible to Transplant Centres

6. Guidelines – NHSBT Approved Scanning Application

- 6.1 In the event of no suitable tag for uploading document images via the Document Image function, or documents that are more than 5 pages long, documents can be uploaded as a PDF via the NHSBT approved scanning application.
- 6.2 Within 'Attachments', select "add file". Caution should be taken when selecting the file 'type'. Documents that are intended to be visible by the Transplant Centre, must be added under a visible file 'type', indicated by the wifi symbol adjacent to the document type and within the Attachments File tab, as per **SOP5499**.
- 6.3 Appendix B offers guidance on the file types and method of upload to be utilised.
- 6.4 Each File Type should also be given a 'Title' which is visible in TransplantPath.
- 6.5 All 'Title' text must be informative to the receiver and relevant to the file attached – see example



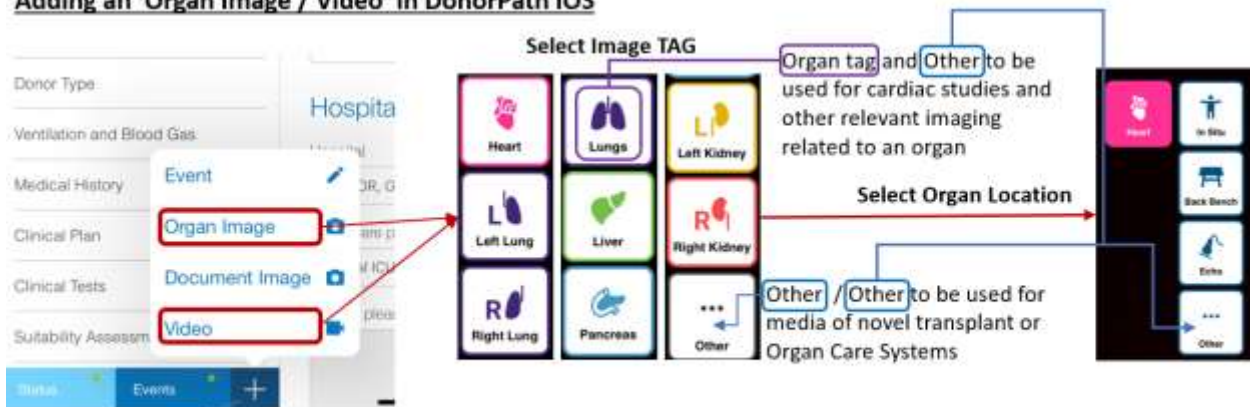
- 6.6 Following upload to DonorPath PDF documents saved to the iPad following the use of NHSBT approved scanning application must be deleted.

7. Guidelines – Organ Image Function

- 7.1 The required organ images are detailed in the sections below.
- 7.2 All organ media must be captured utilising the 'Organ Image' or 'Video' capture function in DonorPath.
- 7.3 All organ images and videos are visible to Transplant Centres via TransplantPath.
- 7.4 Principles of consent and confidentiality should be adhered to and guidance on image quality can be found in Sections 9,10 & 14.
- 7.5 The process steps for Organ Image / Video are in the picture below.

7.6 Appendix B offers guidance on the file types and method of upload to be utilised – this includes the use of the ‘Other’ tag.

Adding an ‘Organ Image / Video’ in DonorPath iOS

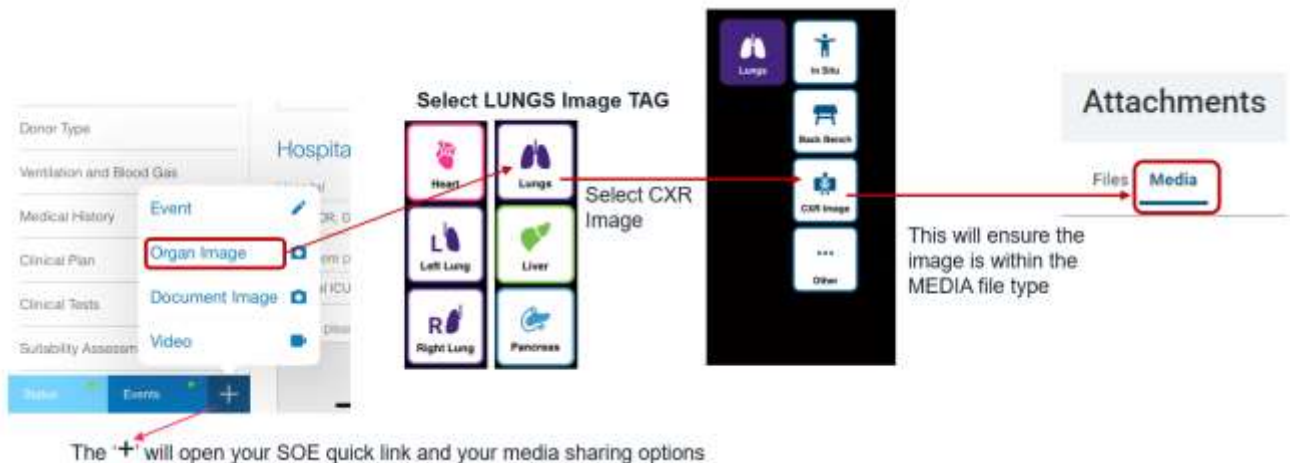


The '+' will open your SOE quick link and your media sharing options

- 7.7 In addition to routine images required to support transplantation (e.g. a kidney donor >65 yrs), there may be a requirement to provide photographic images of damage or anatomic variants. In this circumstance NORS surgeons will assist with taking or directing the required views, which can be uploaded onto TransplantPath.
- 7.8 In the circumstance of later damage or concern being identified at the Transplant centre if a photograph is required it is permissible for a Transplant clinician to send an image to Hub Ops via email. The images must contain 3 points of acceptable PID and a description of the damage. Hub Operations will upload to DonorPath, labelled as “Images – damage” and subsequently accessible via the TransplantPath application.
- 7.9 Trusts/Health Boards will have their own unique data sharing practices, for example the ability to share images via PACS. It remains the responsibility of the individuals requesting these to comply with local clinical information sharing policy to ensure secure transfer and is outside the remit of the SN.

8. Guidance - Adding a Chest X-Ray Image

- 8.1 Chest X-Rays must be added using the 'Organ Image' camera function.
- 8.2 This ensures the X-Ray appears in the correct location in TransplantPath for Transplant Centres to review.



Advice

In the circumstance of DonorPath outage there will be a requirement to revert to the secure emailing of images. Please refer to Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability **SOP3925**.

WhatsApp for transfer of images is prohibited.

9. Photographing kidneys – organ specific guidance

- 9.1 There are multiple circumstances where images may benefit suitability assessment.

A) If they meet the following criteria:

- Any kidney donor over the age of 65 years
- Any kidney with anything other than good perfusion
- Any kidney with any injuries/surgical damage
- Any kidney where concerns are raised by the retrieval surgeon

B) Recipient centres may also request photographs to be taken at the point of kidney offering.

C) SN or NORS may identify benefit in organ imaging intraoperatively to aid clinical decision making.

- 9.2 Kidney photographs must be taken by the SN via the DonorPath organ image capture function and will be accessible to the Recipient Centre via the TransplantPath Application.
- 9.3 A minimum of three images per kidney should be taken by the SN whilst the kidney is on the back bench. A sterile, coloured, surgical sling should be included in photographs as a safety mechanism; to indicate which kidney has been photographed. It is recommended that theatre lights do not fall on the organ, and the auto focus function in the DonorPath camera utilised.

Image 1 - Anterior surface



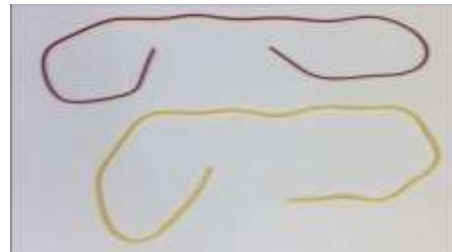
Image 2 - Posterior surface



Image 3 - Arterial patch



Image 4 Red – Right, Yellow – Left



10. Photographing of the Pancreas – organ specific guidance

- 10.1 All pancreases retrieved for the purpose of solid organ or islet transplantation, with the exception of those retrieved as part of a multi-visceral or intestinal graft, must be photographed by the SN via the DonorPath organ image capture function and will be accessible to the Recipient Centre via the TransplantPath Application.
- 10.2 A minimum of three images should be taken by the SN utilising the DonorPath app on the iPad whilst the pancreas is on the back bench. An additional photo of any injury, damage, or abnormality may also be required if not adequately captured in the first three images. The arterial Y-graft, SMA, and splenic artery should all be carefully inspected by the retrieving surgeon, and additional images must be taken if there are any concerns. It is recommended that theatre lights do not fall on the organ, and the auto focus function in the DonorPath camera utilised.

Image 1 - Anterior surface of the pancreas, with the duodenum and spleen included. Enteric staple lines should be captured.

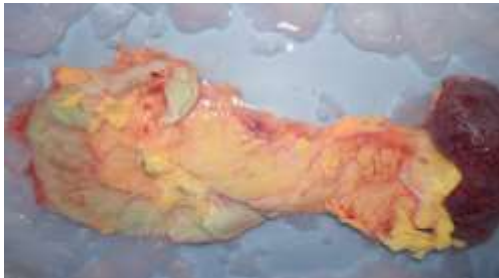


Image 2 Posterior surface of the pancreas, with the duodenum and spleen included. Enteric staple lines should be captured.

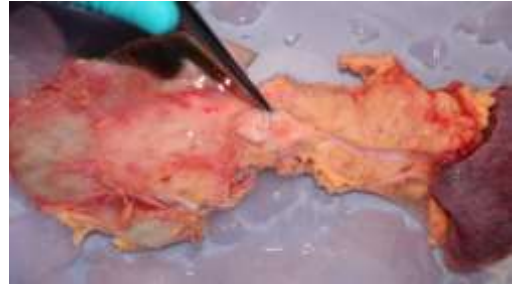
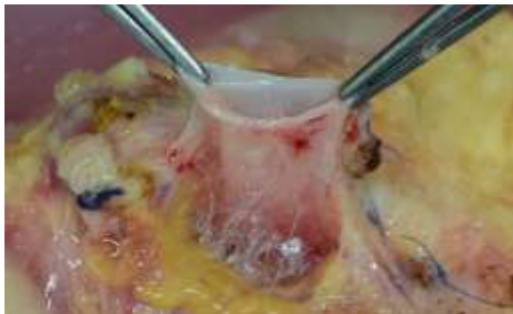


Image 3 - Portal vein length



11. Photographing of the Liver – organ specific guidance

- 11.1 The decision to accept a liver for transplantation from a deceased donor depends on a number of factors, including the donor's medical history, mode of death and biochemical markers of liver injury taken prior to retrieval. Importantly, subjective visual assessment of the liver surface texture and level of steatosis plays a crucial role in assessing the viability of a retrieved liver. Implanting surgeons depend on the retrieval surgeons' assessment of a liver to inform the decision to implant the organ.
- 11.2 It is requested that **all** livers retrieved for the purposes of solid organ transplantation be imaged. A minimum of 4 images per liver should be **taken via the DonorPath Organ Image capture function**. It is recommended that **theatre lights do not fall on the organ, and the auto focus function in the DonorPath camera utilised**. There may be additional insitu requests. The attending NORs will assist the SN to achieve the required images.

Image 1 Anterior surface



Image 2 Posterior surface (face on)



Image 3 Posterior surface left lobe (rotated)

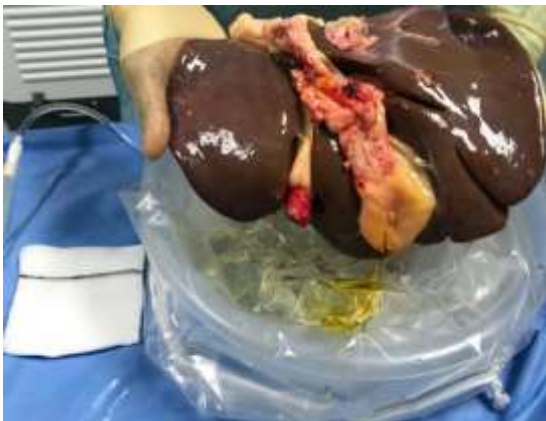


Image 4 Posterior surface right lobe (rotated)



In the event of a split liver donation, 3 further photographs should be taken as below.

Image 1 Length of left lobe

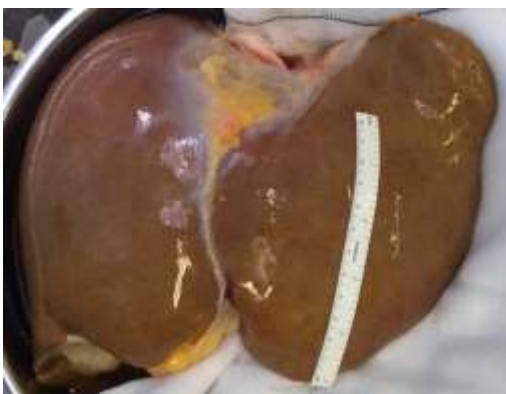


Image 2 Width of left lobe



Image 3 Depth of left lobe



12. Imaging vessels and adhoc tissues

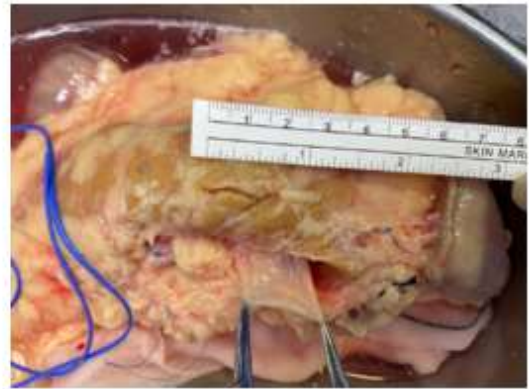
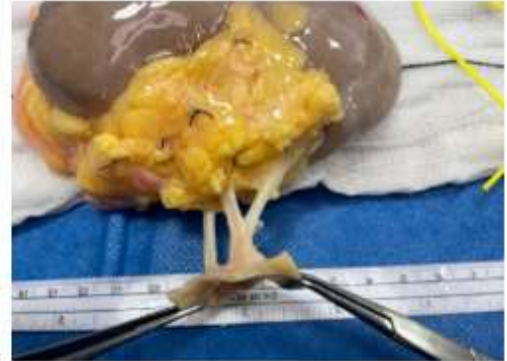
Imaging vessels and adhoc tissues assists assessment and decision making. A reference ruler should be used to aid accurate measurement as per **SOP5685**.

13. Imaging in circumstances of organ damage

- 13.1 Composition is critical to providing accurate information and depends on the correct position of a subject, dimension, colour, brightness, and shape.

Advice

- Keep things simple, and eliminate distracting elements, but the viewer must be able to determine the image's focal point (anatomical structure).
- Make sure the most critical aspects of the object are in the frame. This must include damage and the surrounding area to understand geography.
- A member of the scrubbed surgical team can use an instrument tip (e.g. forceps) to point at the damage.
- When photographing kidney damage, place a coloured sling into a frame to identify the side (**YELLOW** – left kidney, **RED** – right kidney).
- Place a sterile ruler into the frame next to the area of interest (damage) to provide size information.



14. Imaging technique guidance

14.1 Holding a camera device

- Holding the camera device securely is essential to maximise image quality.
- Moving a camera or camera shake when an image is taken is the leading cause of soft and unsharp photos.
- Supporting a camera properly and minimising camera movements results in sharper images.

14.2 Stabilise camera

- For extra stability, brace your elbow into your body.

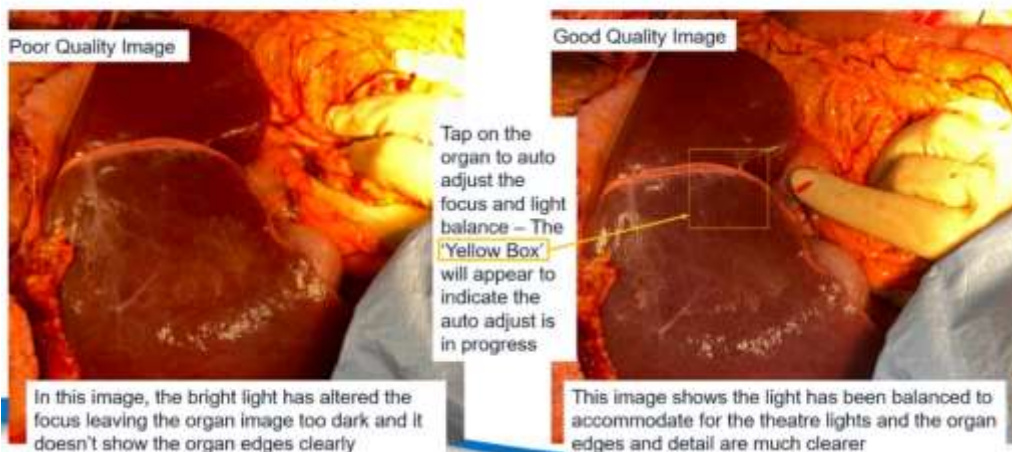
- Hold a breath as you press the shutter release.



14.3 'Auto Focus/Light Adjust' function

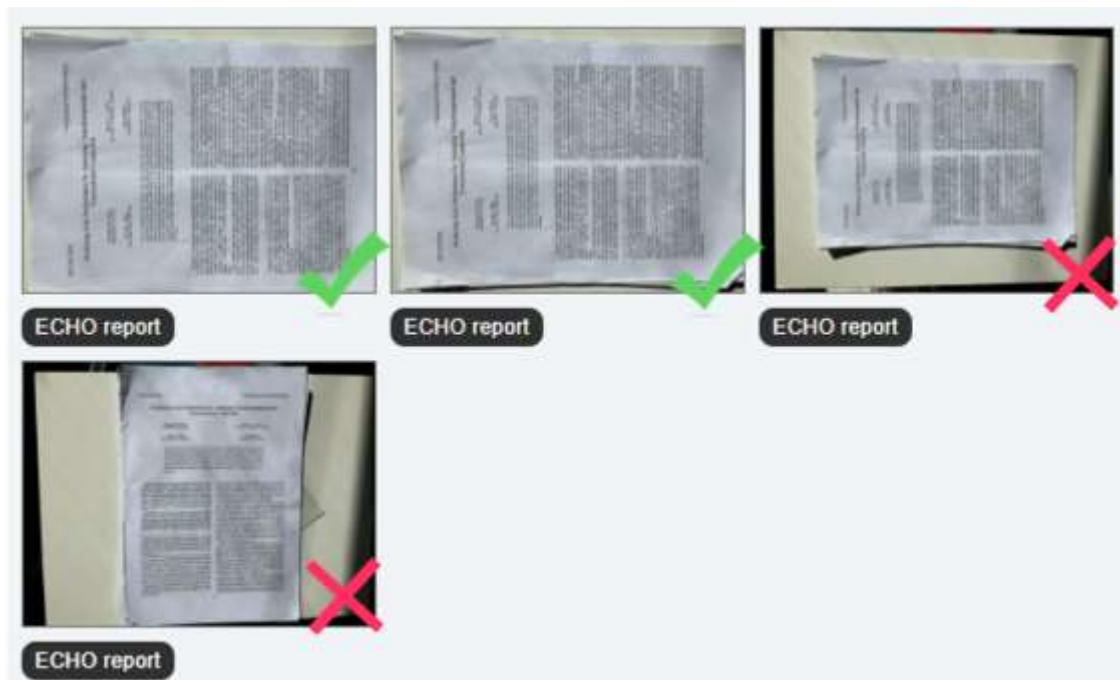
- When focusing on the image, tap on the screen over the part of the organ / document you want to focus on. A yellow box will appear to indicate auto focus is on progress, see image below.

Auto Focus/Light Adjust 'Yellow Box'



14.4 Framing the image

- Ensure the image capture contains the organ or document in full. For document images, the sides of the document must reach the edges of the screen in landscape mode to ensure ability to read.



Definitions

- **SN** – Specialist Nurse Organ Donation
- **GMC** – General Medical Council
- **NORS** – National Organ Retrieval Service

Related Documents / References

- **SOP4938** – Sharing Clinical Information
- **SOP5499** – Theatre Manual for Deceased Organ Donors
- **SOP5685** – Ad hoc – Tissue Requests of Blood Vessels and Rectus Fascia from Deceased Organ Donors
- **SOP3925** – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability
- **MPD971** – Specialist Nurse – Organ Donation role in Upper Limb Donation.
- http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp
- http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

Appendix A - Caldicott Principles

1. Justify the purpose(s)

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

2. Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

3. Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

4. Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

5. Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

6. Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

7. The duty to share information can be as important as the duty to protect patient confidentiality.

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

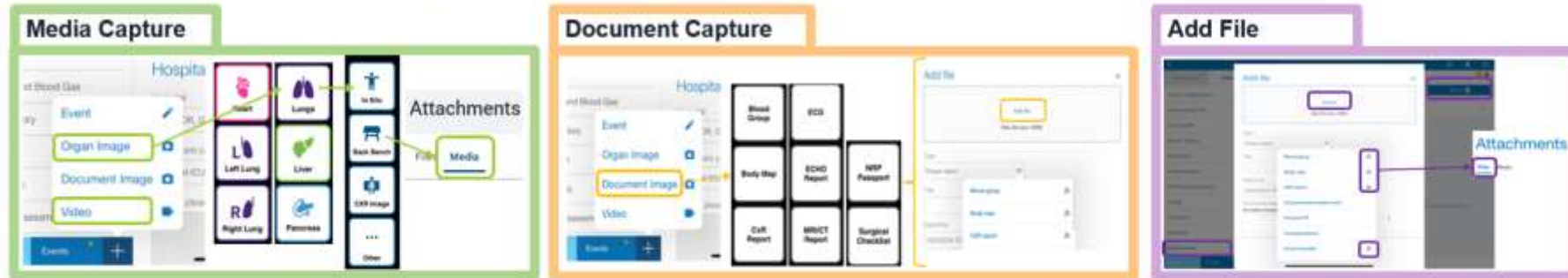
8. Inform patients and service users about how their confidential information is used

A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this.

The process of organ donation is unique and occurs after death. Therefore this mitigates the ability to apply this principle, however sensitivity and respect for confidential information should remain as per the other Caldicott principles.

Appendix B – File Types Crib Sheet

Attachments to be uploaded by SN and method of upload according to DonorPath status Colour coding supports method of upload



Only file types with the visible Wi-Fi symbol are visible in TransplantPath. **All** file types are visible in TissuePath, Organ images are **NOT**.
File titles are also visible in TransplantPath, ensure the title is relevant to the file being attached.

Offering	ODR Registration* FRM4281 / FRM1538	Consent / Authorisation FRM4281 / FRM1538	Blood Group Signed & dated	Body Map FRM5545	MRI/CT report/s* 	Covid Checklist FRM6439	CXR Image 	CXR report 	ECG* 	ECHO report* 	ECHO Video* 	Other Scans / Images Select appropriate ORGAN tag, stage OTHER & note in comments box the content (comments visible)	Micro' Interim All interim results	Micro' Final All final results	Covid Result 	Blood Request Forms Type - Miscellaneous
Retrieval / Complete	Organ Retrieval Safety Checklist FRM7307	NRP Passport FRM6725*	Organ Images and Videos 	Retrieval Studies I.e., Cardiac Studies/ ABCs Select appropriate ORGAN tag, stage OTHER & note in comments box the content (Comments visible)	QUOD / SIGNET / Other Research* Type - Miscellaneous	Other Organ Passports i.e., DCD Heart Passport* Type - Organ Passport	Theatre board / Vessel & HFV Forms / Histopathology request Form Type - Miscellaneous	Histopathology - Interim* ALL Interim Histo results as email or report								
Post Donation	Microbiology - Final ALL Final Micro results including Cultures etc	Histopathology - Final* ALL Final Histo results	<p>ALL clinically significant information within attachments should be transcribed into the corresponding visible field in DonorPath </p> <p>Follow SOP4938 – Sharing Clinical Information</p>													

*Attach to DonorPath as available in the donation case and as trained in quality processes.

Document Details:

Document Title	Guidance and Principles - Donor Related Files, Images and Video	
Document Number & Revision Number	MPD1100/12	
Type of Change	Change to Existing Process	
Stakeholders who require training	Trainee new to the process	Trainee trained to the previous revision.
	New trainee SNs will require full training to this document by their ODST Quality Lead SN and Foundation Training programme.	SNs previously trained to MPD1100 versions before this version, can receive training via author presentation delivered by their regional Quality Lead SN.
Knowledge required prior to training	,Full training through of MPD with PDS and Quality Lead SN	Trained to previous version.
Critical aspects of process	This document is intended to offer guidance and principles on the practice of capturing and attaching files and media to ensure the safety of the donation, retrieval and utilisation of organs and tissue for transplantation.	

Training Plan:

	Trainee new to the process	Trainee trained to the previous revision.
Recommended Training Method	< Practical demonstration and read through the document with Regional ODST Quality Lead. Training material for this version will not cover the whole SOP content.>	<Train out via standardised video from SOP Author to ODST Regional Quality Leads train to TBTR. The same video can be disseminated via QLs and record TBTRs>
Assessment	<ul style="list-style-type: none"> TBTR Training Record 	TBTR Training Record
Cascade Plan	Practical demonstration and read through the document with Regional ODST Quality Lead. Training material for this version will not cover the whole SOP content	Train out via SOP Author to ODST Regional Quality Leads train to TBTR. The training can be disseminated via ODST QLs and record TBTRs

Training Score – Training Plan Risk Matrix (Collapsible – Click ▶ icon to open/close)