Blood and Transplant
Copy No:
Effective date: 10Apr2025

Sharing Clinical Information

Index

Summary of changes

- Additions to all current four phases of Sharing Clinical Information procedure:
  - *New Clinical Information Post Registration but Pre-Retrieval*
  - *New Clinical Information Identified During Retrieval*
  - *New Clinical Information Post Retrieval but Pre-Transplantation*
  - *New Clinical Information Post Transplantation*

  These additions include addition of advice on use of CDD and new 'Organ Retrieval / New significant clinical information' box appropriately based on significant new information and expected new information (Pages 9 to15)
- Addition to section 4 in process to now date and time stamp in the body of text before any update of the CDD after the point of offering (Page 8).
- Addition of escalation step to regional LN who will arrange escalation to Patient Safety team, regarding receiving centre requests to access or perform additional testing of any blood /tissue samples held by NHSBT (page 15)
- Obsolete SOP3579 has been removed and replaced to reference ‘Clinical Microbiology Manual (Page 8 and 16)
- Amendments to all four procedural diagrams to improve logical flow and specify use of new DonorPath functionality (Pages 10, 12, 14 and 16)
- Addition of SOE – Sequence of Events definition (Page 6)
- Additions specifically for Hub Operation team members only added to the ‘Additional Information for Hub Operations Process’ section. These include:
  - Clarified steps on management of new information for Living Donors, Donors outside the UK and Verbal reports and how to collaborate with relevant SN and Receiving Centres.
  - Reference to observe MPD1086 to support ratification of three points of patient/personal identifiable data (PID)
  - Further clarifications on the location of new information that is inputted on DonorPath by the SN into visible areas of CDD and attachments.
    (pages 17 to 19)

Useful Information

1. Purpose & Responsibilities

1.1 Purpose:

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.

To minimise associated risks with organ and tissue transplantation, all known, or previously unknown findings must be immediately clinically assessed and communicated. During the deceased donation process there can be several receiving centres, which encompass Transplant Centres, Tissue Banks, Islet and Hepatocytes laboratories 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. It is imperative to ensure 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.

STOP - PAUSE - CHECK

On all occasions colleagues must employ the **STOP PAUSE CHECK** approach to ensure that all information is assessed and shared in the safest way possible.

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.

If information is to be shared with Hub Operations for forwarding on to centres, please use the following email address: odthub.operations@nhsbt.nhs.uk.

If information is to be shared from Hub Operations to an SN, this can be done using the Regional SN Team email address but must be followed up by a call to ensure that this has been received and is being actioned appropriately.

If an email needs to be encrypted, please follow the guidance in DAT4135 Researchers - Contact list email addresses.

1.2 Responsibilities:

- **Receiving Centres –** Encompassing Transplant Centres, Tissue Banks, Islet and Hepatocyte processing laboratories and Research Banks. In either phase of organ/tissue offer consideration, acceptance before receipt of the organ/tissue or after receipt of the organ/tissue. Receiving Centres are responsible for the review of Core Donor Data Form (CDDF) via TransplantPath to assess all clinical information. Receiving centres must 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. 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.

- **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 and final results are followed up as per **MPD881** post donation. Responsible for escalation to Lead Nurse / Regional Head of Nursing / ODMT On call 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 (DFCS) Process Manual**.

2. Policies and Documents

Hub Documents:

- **FRM4207** Core Donor Data Form – Hub Operations
- **MPD1086** Patient Identifiable Data – ODT Hub

SNOD Documents:

- **DAT2792** Recipient Centre Point of Contact – List of email addresses
- **DAT4135** Researchers – Contact list email addresses
- **MPD1100** Guidance and Principles - Donor Related Images and Video
- **MPD867** Patient Information to be Communicated to Recipient Centre Points of Contact
- **MPD881** Findings Requiring Additional Action
- **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
- **SOP3888** - Reporting an Organ Donation or Transplantation Incident to NHSBT
- **SOP6514** - Clinical Microbiology Manual

Forms:

- **FRM5499** SNOD to DFCS 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:

- **INF958** Statutory Notifiable Diseases England and Wales
- **INF960** Statutory Notifiable Diseases Scotland
- **INF961** Statutory Notifiable Diseases Northern Ireland
- **MPD1382** Donation Pathway Communication Touchpoints – SN's, Hub Operations and RPoC's
- **POL188** Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation
- **SOP5049** Donor Family Care Service (DFCS) Process Manual

Other definitions:

- **ABG** – Arterial Blood Gases
- **CDDF** – Core Donor Data Form
- **DFCS** - Donor Family Care Service
- **LN** – Lead Nurse
- **NRC** – National Referral Centre
- **NTxD** – National Transplant Database
- **OAS** – Organ Allocation Specialist
- **PID** – Patient Identifiable Data
- **QUOD** – Quality in Organ Donation
- **RCPoC** – Recipient Centre Point of Contact
- **RHoN**– Regional Head of Nursing
- **SN** – Specialist Nurse
- **SNBTS** – Scottish National Blood and Tissue Services
- **SOE** – Sequence of Events
- **TM** – Team Manager (Hub Operations)

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 in either phase of organ/tissue offer consideration, acceptance before receipt of the organ/tissue or after receipt of the organ/tissue. Consideration must be given to:

- Organ specific Transplant Centres
- Pancreas Islet Banks/Laboratories
- 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 TransplantPath therefore all information that needs to be shared must be noted within the visible sections of DonorPath .

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 receiving centres (Transplant, Tissues or Research) 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. On 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 receiving 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 DonorPath by the SN whose responsibility it is to notify the OAS asking them to communicate to receiving 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 receiving centres who may have expressed an interest, such as:
    - Deterioration in Arterial Blood Gases from those previously on DonorPath
    - 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 receiving centres as per **MPD867**.

IMPORTANT NOTE FOR SPECIALIST NURSES

The WiFi symbol in DonorPath represents sections which are visible to Receiving Centres in the Core Donor Data Form (CDDF). Information entered in sections without this symbol CANNOT be seen by Recipient Centres.

Updates to DonorPath during and after the point of offering must include a date and time as part of the update to the CDD in any visible section of DonorPath (e.g. *Update 1/1/25 0800: There is new inf...*)
If there is insufficient character space on DonorPath to complete this, ensure receiving centres are clearly informed on the specific location of update within CDD.

If DonorPath and/or TransplantPath 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 any outstanding final results (in addition to interim results) as per **MPD881** / **MPD867**. If this involves direct engagement with the receiving 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 receiving centres and voice record any discussions utilising **SOP3649**. Any such discussions between the SN and receiving centre MUST be clearly documented within DonorPath 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 to view on TransplantPath, noting all communication in the relevant donor's notes in NTxD.

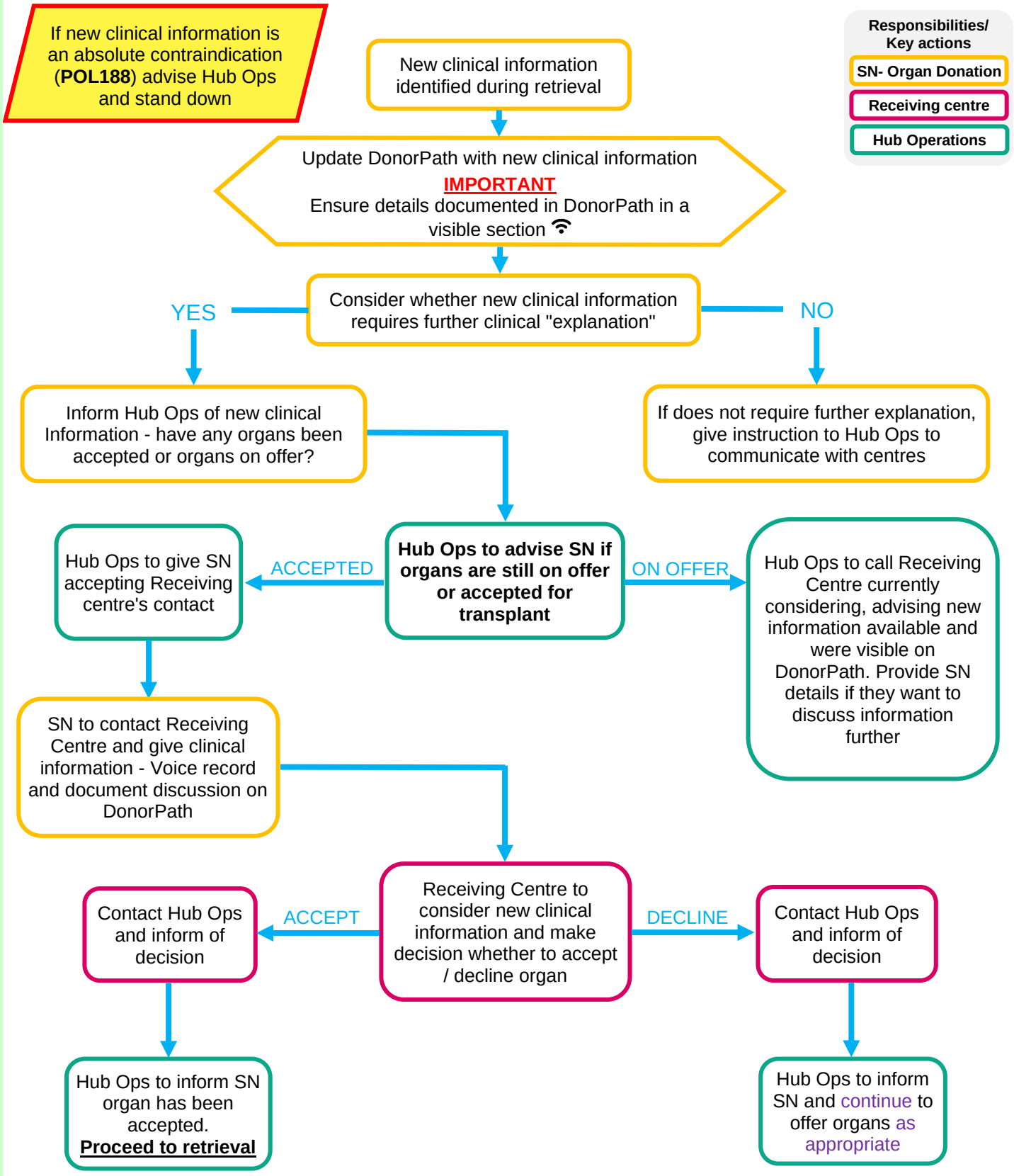
ADVICE

Any new information post registration but pre-retrieval should go in main body of CDD relevant section and not in the specific 'Organ Retrieval / New significant clinical information' box, within the 'Retrieval Information' section of DonorPath.

Any summary of significant outstanding results from characterisation will need documenting in main body of CDD relevant section.

Please see below:

New Clinical Information Pathways - **Post donor registration - pre 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 receiving centres.

Please note: ***There may be times where one centre has accepted an organ, but the transplant is being facilitated at another centre. Information will need to be shared with both the registering centre and the transplanting centre at this point in the donation process. In these circumstances it is the responsibility of the OAS to advise the SN of these unique circumstances, and the responsibility of the SN to ensure ALL new clinical information is shared.***

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.

It is imperative that the SN must update DonorPath with new clinical information utilising the visible sections of DonorPath (known as the Core Donor Data (CDD)). **N.B.** Information entered in sections without this symbol CANNOT be seen by Recipient Centres.

Significant findings or new clinical information identified during retrieval that require further explanation must be documented in the specific 'Organ Retrieval / New significant clinical information' box, within the 'Retrieval Information' section of DonorPath.
IMPORTANT: SNs must continue to contact all receiving centres with new significant information +/- histopathology (**SOP5352**). The SN must inform Hub Operations of new clinical information and its location on DonorPath / TransplantPath and ascertain all receiving centre details to complete a verbal update. If time critical, request a 'CRITICAL INFO ALERT' from Hub Operations.
The SN must include a date and time as part of the update to the CDD in any visible section. All communications and actions are to be recorded in SOE and not in CDD.

ADVICE
Any new information post offering/pre retrieval should go in main body of CDD relevant section.
Any summary of significant outstanding results from characterisation will need documenting in main body of CDD relevant section.

When an organ has been declined based on new clinical information discovered during retrieval, the SN can request the OAS to continue offering any declined organs and contact all accepting receiving centres to immediately notify of the new relevant clinical information and where that information can be located in TransplantPath. It is the responsibility of the SN to ensure that this information is shared with all receiving centres by clearly documenting and communicating with the OAS. 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:

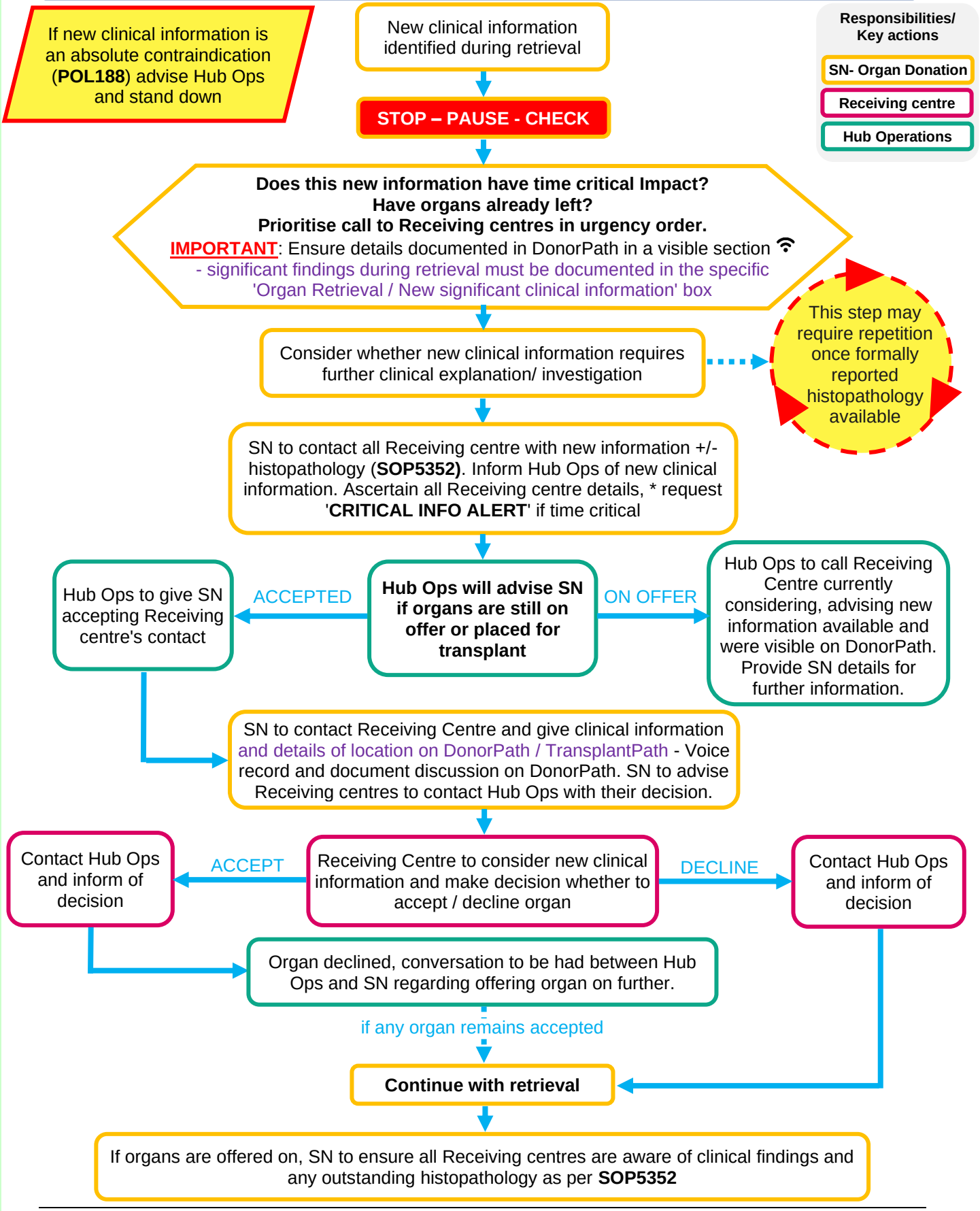
Donor XXXXXX

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 TransplantPath, noting all communication on the relevant donor's notes in NTxD. Please see below:

New Clinical Information Pathways - **During retrieval**



New Clinical Information Post Retrieval but Pre-Transplantation

If new information that has potential impact on other recipients is identified at the receiving 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 receiving centre and for the SN to formulate a clear plan for cascade of the information ensuring clear agreed timelines for receiving and sharing information. The intention is to ensure clear clinical oversight by the SN as per **SOP5735**.

Please note: ***There may be times where one centre has accepted an organ, but the transplant is being facilitated at another centre. Information will need to be shared with both the registering centre and the transplanting centre at this point in the donation process. In these circumstances it is the responsibility of the OAS to advise the SN of these unique circumstances, and the responsibility of the SN to ensure ALL new clinical information is shared.***

Any significant findings or new clinical information identified post retrieval but pre-transplantation that require further explanation must be documented in the specific 'Organ Retrieval / New significant clinical information' box, within the ‘Retrieval Information’ section of DonorPath.

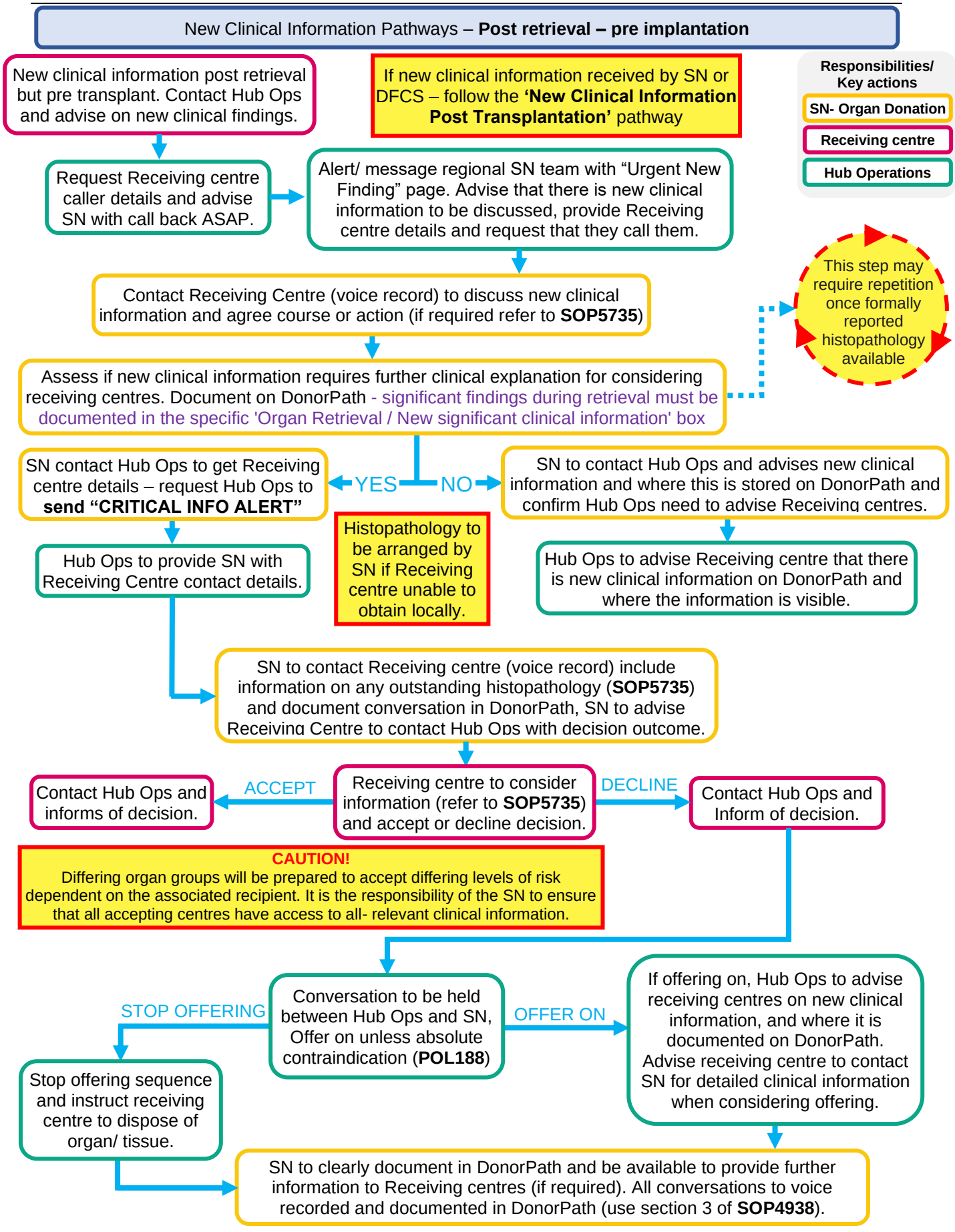
IMPORTANT: SNs must continue to contact all receiving centres with new significant information +/- histopathology (**SOP5352**). The SN must inform Hub Operations of new clinical information and its location on DonorPath / TransplantPath and ascertain all receiving centre details to complete a verbal update.
The SN must include a date and time as part of the update to the CDD in any visible section of DonorPath. If time critical, request a ’CRITICAL INFO ALERT’ from Hub Operations.

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

All conversations between the SN and the receiving 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 receiving centre are unable to facilitate histopathology locally it is the responsibility of the SN to make attempts to source this via alternative receiving centres.

Please see below:


New Clinical Information Pathways – Post retrieval – pre implantation
New clinical information post retrieval but pre transplant. Contact Hub Ops and advise on new clinical findings.
If new clinical information received by SN or DFCS – follow the 'New Clinical Information Post Transplantation' pathway
Responsibilities/ Key actions
SN- Organ Donation
Receiving centre
Hub Operations
Request Receiving centre caller details and advise SN with call back ASAP.
Alert/ message regional SN team with "Urgent New Finding" page. Advise that there is new clinical information to be discussed, provide Receiving centre details and request that they call them.
Contact Receiving Centre (voice record) to discuss new clinical information and agree course or action (if required refer to SOP5735)
This step may require repetition once formally reported histopathology available
Assess if new clinical information requires further clinical explanation for considering receiving centres. Document on DonorPath - significant findings during retrieval must be documented in the specific 'Organ Retrieval / New significant clinical information' box
YES
NO
SN contact Hub Ops to get Receiving centre details – request Hub Ops to send "CRITICAL INFO ALERT"
SN to contact Hub Ops and advises new clinical information and where this is stored on DonorPath and confirm Hub Ops need to advise Receiving centres.
Hub Ops to provide SN with Receiving Centre contact details.
Histopathology to be arranged by SN if Receiving centre unable to obtain locally.
Hub Ops to advise Receiving centre that there is new clinical information on DonorPath and where the information is visible.
SN to contact Receiving centre (voice record) include information on any outstanding histopathology (SOP5735) and document conversation in DonorPath, SN to advise Receiving Centre to contact Hub Ops with decision outcome.
ACCEPT
Receiving centre to consider information (refer to SOP5735) and accept or decline decision.
DECLINE
Contact Hub Ops and informs of decision.
Contact Hub Ops and Inform of decision.
CAUTION!
Differing organ groups will be prepared to accept differing levels of risk dependent on the associated recipient. It is the responsibility of the SN to ensure that all accepting centres have access to all- relevant clinical information.
STOP OFFERING
Conversation to be held between Hub Ops and SN, Offer on unless absolute contraindication (POL188)
OFFER ON
If offering on, Hub Ops to advise receiving centres on new clinical information, and where it is documented on DonorPath. Advise receiving centre to contact SN for detailed clinical information when considering offering.
Stop offering sequence and instruct receiving centre to dispose of organ/ tissue.
SN to clearly document in DonorPath and be available to provide further information to Receiving centres (if required). All conversations to voice recorded and documented in DonorPath (use section 3 of SOP4938).

New Clinical Information Post Transplantation

All Regional Organ Donation Services Teams must have processes in place to ensure follow-up of any outstanding results and clear escalation pathways for any new unexpected findings. New information regarding a deceased organ donor which comes to light post implantation must be shared with all receiving centres immediately upon receipt.

Any unexpected significant findings or clinical information identified post transplantation that require further explanation must be documented in the specific 'Organ Retrieval / New significant clinical information' box, within the 'Retrieval Information' section of DonorPath.

IMPORTANT: SNs must continue to contact all receiving centres with new significant information +/- histopathology (**SOP5352**). The SN must inform Hub Operations of new clinical information and its location on DonorPath / TransplantPath and ascertain all receiving centre details to complete a verbal update. If time critical, request a 'CRITICAL INFO ALERT' from Hub Operations. The SN must include a date and time as part of the update to the CDD in any visible section of DonorPath.

New clinical information post implantation can include but is not exclusive to:

- Outstanding results as per handover **FRM5499**.
- Outstanding final microbiology blood results (follow **SOP6514**).
- 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** and update relevant sections of CDD. 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 and update the relevant sections of DonorPath.

If the Donor File has an Organ and Tissue Donor 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.

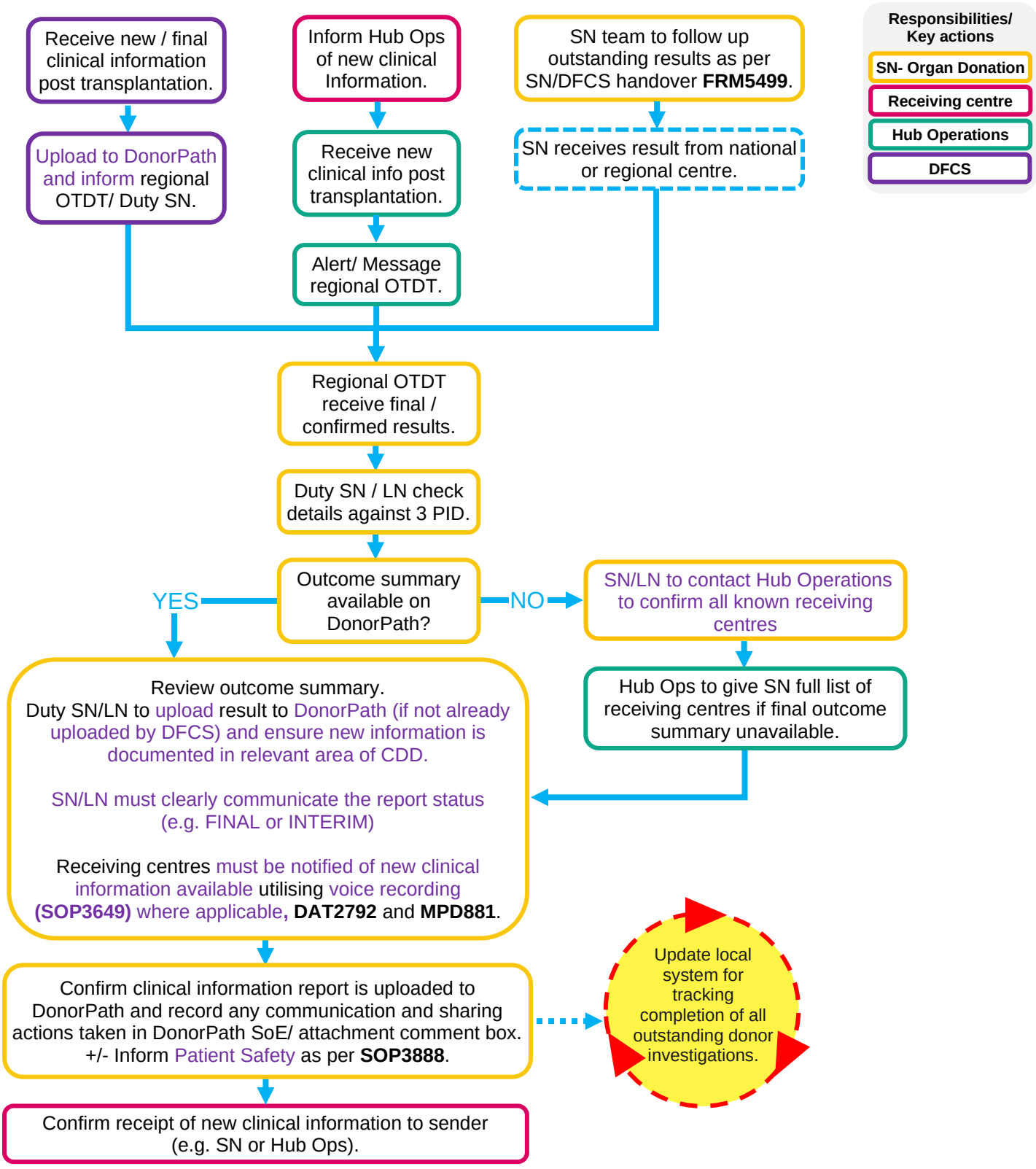
***Please note:** There may be times where one centre has accepted an organ, but the transplant is being facilitated at another centre. Information will need to be shared with the registering centre only at this point in the donation process as they will be responsible for the recipient's care and follow-up. In these circumstances it is the responsibility of the OAS to advise the SN of these unique circumstances, and the responsibility of the SN to ensure ALL new clinical information is shared.*

RECEIVING CENTRE REQUESTS FOR BLOOD / TISSUE SAMPLES

In any case of a receiving centre requesting access or additional test of any blood /tissue samples held by NHSBT or the Donor Hospital – please escalate to regional LN who will arrange escalation to Patient Safety team

Please see below:

New Clinical Information Pathways: Post Transplantation



Additional Information for Hub Operations Process

Advice

Hub Operations must use the **STOP, PAUSE, CHECK** process for when dealing with clinical information.

At all times it is important that Hub Operations share the information with the SN's in the first instance and wait for further information regarding how to proceed. If new information is received by Hub Operation with insufficient PID standards, this must be forward to the Regional SN immediately via email to assist in obtaining correct PID.

It is the SN's responsibility to ensure clinical information is shared and therefore imperative that all clinical information is reviewed by SN's before sharing the information with receiving centres and/or before organs are offered on. On all occasions if a clinical conversation is required this must be undertaken by the SN directly.

1. Live Donors/Donors from Outside the UK

1.1. Live Donors

Hub Operations may at times receive a completed copy of **FRM5964** Transport Fluid Alert Form for a live donor.

Hub Operations will not be able to locate these donors on NTxD and will therefore need to contact the LKD (Living Kidney Donation) Team to ascertain which centre received an organ from this donor. This can be done by emailing LKDschemes@nhsbt.nhs.uk and providing all the information so the correct donor can be identified.

Report received from receiving centre: No further action is required, and the email can be moved to the actioned folder.

Report received from the donating centre: This will need to be shared with the receiving centre as per the section below on Transport Fluid reports.

1.2. Donors from outside the UK:

Dublin or European centres may obtain further clinical information after an organ has been sent to and transplanted by a UK centre.

This information can be shared directly with any receiving centres and **does not** need to be shared with any SN's first. If the centre requires further information, they will need to contact the Dublin or European contact that the information has been received from.

2. Verbal reports

Clinical information regarding solid organ donors may only be available in verbal form while a written report is being produced. In all cases it is essential that the details of the clinician are taken and that these details, along with the information are urgently passed onto a SN from the relevant regional SN team that were in attendance with that donor. The SN will then contact the clinician to discuss the information.

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.

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 receiving centres promptly receive information relevant to the safe management of their recipients:

1. Call received from a receiving centre to advise that they have a verbal report to relay.
2. Hub Operations will need to advise the caller that this information must be shared with the SN and ask for their name, contact details and location, and inform the caller that an SN will call them back to discuss.

No information should be sent to other receiving centres until further discussion with the SN.

If organs are declined, reoffering should not commence until further discussion with the SN.

3. SN to contact the caller and discuss the information available. If this requires a clinical explanation, then the SN will be responsible for contacting all other receiving centres.
4. The SN will need to update DonorPath with the information received.

If the information does not require a clinical explanation, the SN can request that Hub Operations contact all receiving centres to advise that an update has been made to a specified section of CDD and that this update can be viewed in TransplantPath by following the below steps:

- Contact all receiving 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 TransplantPath and in which section. No information should be relayed verbally.
- 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's 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 receiving 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 and that a call was made to confirm receipt.

3. 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.

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

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

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

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.

If Regional SN Team simultaneously receive the new clinical information, it is the SN's responsibility to upload the report visibly in a specified section of DonorPath so that it can be viewed in TransplantPath. If it requires a clinical explanation, this will need to be completed by the SN.

If it does not require a clinical explanation, the SN will request that Hub Operations contact all receiving centres and advise that new information is available in TransplantPath and in which section this can be found.

If the new clinical information is received by someone OTHER than the Regional SN Team, Hub Operations will need to record the information, forward the email to the Regional SN Team's email address, and urgently contact the Regional SN Team via the pager system to advise of the new information received enabling the SN to review the information.

The SN will review the information and decide whether the information requires a clinical conversion or if Hub Operations can proceed to inform all relevant parties.

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

- Contact all centres via their preferred method of contact from the Digital Directory and confirm that new information has been uploaded to TransplantPath and where this can be viewed. This should be handed over verbally so therefore if a centre is contacted via pager, they must be paged to call into Hub Operations to receive the update.
- 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's 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.referralcentre@nhsbt.nhs.uk

4. Photographs

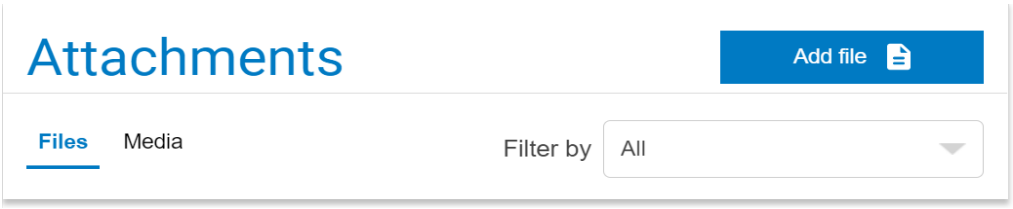
When an organ needs to be allocated after having been retrieved, an SN may take photographs of the organ for Hub Operations to share with considering receiving centres to aid decisions around acceptance or decline of an organ. The SN can upload these images to DonorPath (as per **MPD1100**) so that they can be viewed in TransplantPath by all receiving centres.

SN's should inform Hub Operations if photographs are available.

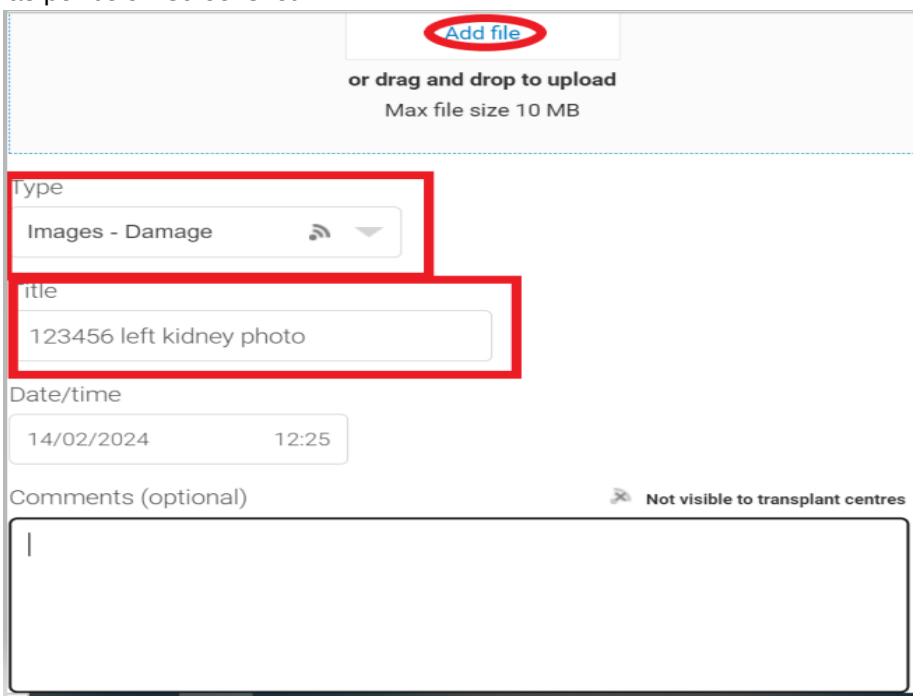
If photographs are received from receiving centres once the organ is at their centre, Hub Operations can upload these images to DonorPath by following the below instructions:

- Log into DonorPath.
- Using 3 points of PID, locate the relevant donor.
- Once the correct donor has been identified, click on the 3 dots on the right-hand side of the screen and select 'Edit as Duty Officer' as per below screenshot:

- Once inside the donor record, select 'Pathway' as the option at the top of the screen and locate 'Attachments'.
- Once inside Attachments, select 'Add File' as per below screenshot:



- Once you have done this, a box will appear for the photographs to be attached to. You can click 'Add File' and select the file that needs to be uploaded. The 'Type' dropdown must be changed to 'Images – Damage' and the file must be titled with the donor number and confirmation of the organ that is pictured as per below screenshot:



If organs require fast-tracking from this point, centres can be informed that new images are available for viewing in TransplantPath.

5. Transport Fluid reports

Hub Operations may be sent reports from receiving 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 staff will need to follow the below steps:

- 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.

This information will need to be shared with all receiving centres by following the below steps:

- Establish which receiving centres require a copy of the report using **FRM4207** and the Organ Outcome page in NTxD (including any relevant researchers if any organs were accepted for research).
- Forward a copy of the report via email to all receiving 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 receiving centres to confirm receipt.**

6. 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 receiving centres and whether this will need a clinical conversation.

Document Details:

Document Title	Sharing Clinical Information	
Document Number & Revision Number	7	
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 SOP4938 v6 can receive training via recorded author presentation delivered by their regional Quality Lead SN
Knowledge required prior to training	Full training through of SOP with PDS and Quality Lead SN	Trained to previous version.
Critical aspects of process	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. It is imperative to ensure 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.	

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	TBTR Training Record	TBTR Training Record
Cascade Plan	Collaborative practical demonstration and read through the document with Regional ODST Quality Lead and Practice Development Specialist.	Train out via standardised video from SOP Author to ODST Regional Quality Leads train to TBTR. The same video can be disseminated via ODST QLs and record TBTRs

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

Use the *Training Plan Risk Matrix* to identify the training method and assessment required.

The *Process Criticality Score* is determined by the potential impact on donor/patient safety and/or product quality using the table below for guidance.

	Impact on Donor, Patient safety or product quality
1. Negligible	A process whose failure, in full or in part, **cannot** impact product quality, patient/donor safety or the ability to supply products/services.
2. Minor	A process whose failure, in full or in part, **may**: (i) impact other processes thereby indirectly impacting product quality, patient/donor safety (e.g. harm only results where multiple failures in multiple processes align) (ii) result in the discard of a small number of replaceable products and/or (iii) result in an inconvenient delay to the supply of products/services (e.g. delay of 1-3hrs of non-urgent product/service).
3. Moderate	A process whose failure, in full or in part, **may**: (i) indirectly impact product quality, patient/donor safety (e.g. harm only results where failures in more than 1 process align) (ii) result in the discard of a medium number of replaceable products and/or (iii) result in a temporary delay to the supply of products/services (e.g. delay of 4-12hours of non-urgent products/services).
4. High	A process whose failure, in full or in part, is **likely** to: (i) directly impact product quality, patient/donor safety (ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or (iv) result in a delay to patient treatment.
5. Very High	A process whose failure, in full or in part, is **certain** to: (i) directly impact product quality, patient/donor safety (ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or (iv) result in a delay to patient treatment.
Process Criticality Score	2

The *Criticality of Change Score* is determined by assessing the nature of change(s) and complexity of the process using the table below for guidance.

	Change to Trainee(s)
1. Negligible	An existing process to which no material changes are made. E.g. format changes, minor clarifications of existing practice, fixing typos.

2. Minor	An existing process to which new information is added but where changes to existing knowledge and practices are minimal. E.g. clarifications that tighten existing practices
3. Moderate	An existing process of low complexity with material changes requiring different people to take action and/or people to change the tasks they perform. E.g. new roles/responsibilities, changes to the order of existing tasks, new tasks
4. High	A new process of moderate complexity, OR An existing process of moderate complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
5. Very High	A new process of high complexity, OR An existing process of high complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
Criticality of Change Score	3

Training Plan Risk Matrix:

Process Criticality →

Criticality of Change ↓	1. Negligible	2. Minor	3. Moderate	4. High	5. Very High
1. Low	1	2	3	4	5
2. Moderately Low	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. High	4	8	12	16	20
5. Very High	5	10	15	20	25

	Trainee new to the process	**Trainee trained to the previous revision.**
Process Criticality Score	3	
Criticality of Change Score	3	3
Training Score	9	9

Recommended Training Method:

Training Score	Level of Risk	Examples of Training Methods	Examples of Assessment
1 - 3	Low	Read only	Record on FRM511 only
4 - 8	Manageable	Email, team brief, word brief	Knowledge/Observation Check & FRM511
9 - 14	Medium/Significant	Formal training package	Knowledge/Observation Check & FRM511 or FRM5076
15 - 25	High	Practical	FRM5076 or equivalent