

MANAGEMENT PROCESS DESCRIPTION MPD921/2

Handover between Specialist Nurses-Organ Donation

*This Management Process Description replaces
MPD921/1.1*

Copy Number

Effective

29/08/17

Summary of Significant Changes

No shading – training required to the whole document as changes have been made to several parts of the handover process whilst out on call and during on call shift change.

Policy

It is vital that clinical and operational information is communicated during handover from one Specialist Nurse-Organ Donation (SNOD) to another. This helps ensure the quality and safety of organs and/or tissue for transplantation and transfers the accountability and responsibility of the donation process between SNODs. The need for a comprehensive handover is essential in ensuring care continues seamlessly and safely.

Purpose

The purpose of the clinical and operational handover helps ensure the complete transfer of responsibility and accountability of the donation process from one trained/competent SNOD to another.

Responsibilities

Specialist Nurse – Organ Donation or Team Manager (TM)

Note: This MPD is to be utilised by a qualified and trained SNOD. If the SNOD is in training, this MPD is to be utilised under supervision.

Administration Team

The SNOD/TM is responsible for working within the parameters of this MPD. The TM is to support the SNOD in the handover process as required.

To undertake any duties handed over by the SNOD/TM to facilitate the donation process, as required.

Definitions

DRD – Donor Records Department

TM – Team Manager

SNOD – Specialist Nurse Organ Donation

Applicable Documents

[FRM4212](#) - Organ Donation Clinical Pathway

[NMC Code of Professional Conduct](#)

[FRM5499](#) - SNOD to DRD Handover Form

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1. INTRODUCTION

- 1.1. Time is of the essence at handover to impart core minimal information. Handover must be focused and structured, carried out in a timely manner, allowing sufficient time for staff to clarify information. This is essential to maintain the safety and quality we strive for and to minimise potential risks to the quality and safety of organs for transplantation.

2. HANDOVER DURING THE DONATION PROCESS

- 2.1 A systematic process must be utilised when handing over clinical information.
- 2.2 A conversation between the relevant SNODs must include all essential information identified in the electronic donor record or within [FRM4212](#) and document handover has taken place in the sequence of events.
- 2.3 Information obtained, by utilising the donor file (electronic or paper), surrounding all clinical and operational tasks which form the donation process must be handed over and clearly understood by the in-coming SNOD thereby taking over accountability and responsibility, even if no further action is required.
- 2.4 Face to face handover should be completed, where possible, however in all cases a verbal conversation must take place between the out-going and in-coming SNODs, ideally the in-coming SNOD should be able to visualise the donor file and document this in the sequence of events.

3. HANDOVER AT THE END OF AN ON CALL PERIOD

- 3.1 Ideally, a verbal conversation should take place at the end of the on call shift between the pager holder of the out-going shift to the pager holder of the in-coming shift.
- 3.2 Handover should include relevant information, including any on-going donors, outstanding actions to be completed and any pending referrals must be included in this conversation, this should then be included in a documented summary.
- 3.3 Allocation of any outstanding actions is the responsibility of the in-coming pager holder and must be articulated clearly to all relevant parties and distributed according to local agreements.
- 3.4 The donation summary and pager summary should be sent and to include the relevant of information to locally agreed parties.
- 3.5 In addition a written handover, [FRM5499](#) must be completed at the end of each donation process then sent to Donor Records Department and all agreed SNOD team members, following verbal handover, the author of this should be agreed within the local ODST.