



Tissue Coordinator Training Form

Name: _____ Date of Hire: _____

Tissue Donation Coordination Training

Tissue Donation Coordination Training consists of the core skills necessary to perform all essential job functions in the PRC as a Tissue Coordinator. An individual at this level of training should perform all applicable tasks on every referral. **Once the employee in training is proficient in a task (receives a 4), no more entries for that task are necessary.**

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Professional Communication/Interaction and Initial Intake (section 1 of 2)						
Appropriate Introduction						
Displays Professional and Courteous Tone and Language						
Informs Call Recipient of Recorded Line Status						
Obtains Purpose of Incoming Calls						
Provides Purpose of Outgoing Calls						
Engages in Active Listening						
Proficient Use of Phone: Warm Transfer, Use of Hold vs. Mute, Conferencing						

Ratings:

- 1 = Observation 2 = Requires assistance/monitoring
- 3 = Preceptor dependent, minimal guidance required
- 4 = Proficient, performs task independently



Confirms Vent Status at the Beginning of the Call						
Obtains Cardiac Time of Death						

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Professional Communication/Interaction and Initial Intake (section 2 of 2)						
Obtains and Confirms Referring Party Information						
Obtains Admitting Diagnosis						
Establishes and Confirms High Risk Criteria						
Establishes Initial Suitability. Identifies and Notifies Proper Staff, and Confirms Receipt of Referral						
Data Integrity and Triage Disposition Appropriate						

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Conducts DP Look Up						
Professional Communication/Interaction and Initial Intake Training Complete: YES NO						
Manager/Supervisor Approval: _____ Date: _____						

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Coroner						
Contacts Coroner Post-consent on Non-coroner Referrals						
Obtains Direct Referrals and Appropriately Establishes Suitability						
Asks Appropriate Follow-Up Questions						
Obtains Coroner Release <ul style="list-style-type: none"> • Delineates Each Tissue Released • Confirms Body Transport if applicable • Obtains Coroner Direction • Captures Coroner Name • Completes Coroner Form and faxes 						
Documentation Accurately Reflects All Conversations (including unsuccessful attempts)						

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Updates Coroner Information in iTransplant						
Updates Activity Board to Reflect Real Time Status of Referral						
Displays Professional and Courteous Tone and Language, Engages in Active Listening						
Coroner Training Complete: YES NO						
Manager/Supervisor Approval: _____ Date: _____						

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Secondary Screening (section 1 of 2)						
Complete Clinical Course Obtained						
Medical History and Appropriate Follow-Up Clarifications Obtained						
Diagnostic Study Results/Impressions Obtained						
Cardiac Time of Death and/or Last Time Known Alive Obtained and Verified						

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If ER Death, Inquires About EMS Run Sheet						
Appropriate Work-Up of Sepsis Referrals						
Conducts Physician Consults and Addresses Needed Clarifications						
Addresses All Condition of Body Issues and Concerns with Appropriate Follow-Up Questions						
Appropriate Work-Up of Diluted Referrals; Completes both Handwritten and iTransplant Plasmadilution/Hemodilution Worksheets						
Obtains Next of Kin Contact Information and Confirms Death Notification						
Inquires About and Requests Copy of Durable Power of Attorney/Advance Directive						
Requests Facility Not to Release Body						

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Secondary Screening (section 2 of 2)						
Identifies Possible Reportable Deaths and if Coroners Case						

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Requests and Obtains Funeral Home Information (Phone Number, City) as available						
Obtains Refrigeration Time Along with Full Name and Title of Person Providing Information						
Determines Suitability, Identifies Donation Opportunities, and Populates Medical Suitability Tab in iTransplant						
Requests Funeral Home Delay of Prep, and Addresses After-Hours Access and/or Transport						
Documentation Accurately Reflects Information Given/Obtained						
Referral Disposition is Appropriate <ul style="list-style-type: none"> • Proper Closing of Call • Proper Staff Notified 						
Appropriately Paces Call; Directs Call to Ensure Referrals are Completed in a Timely Manner						
Updates Activity Board to Reflect Real-Time Status of Referral						
Displays Professional and Courteous Tone and Language; Engages in Active Listening						
Secondary Screening Training Complete: YES NO						
Manager/Supervisor Approval: _____ Date: _____						

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Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Family Approach/Telephonic Authorization (section 1 of 2)						
Conducts Approach on Unit if Family Present. If Approach Not Appropriate, Sets Approach Plan With HCP						
Reviews All Referral Documentation, Identifies and Obtains Clarifications and Documents Accordingly in iTransplant Narrative Notes						
Makes Appropriate Follow-Up Calls						
Establishes Hierarchy and Approach Plan						
Appropriate Introduction						
AATB Core Elements Established; All Statements on Consent Form Read						
Donation Discussion, including RCD Disclosure						
Performs Approach, Consent and Disclosure						
Confirms Hierarchy, Spelling of Donor's Name, Donor's Date of Birth, and Spelling of Authorizing Party's Name on Recorded Line						
Manages Use of Recorded Line and Discloses Recorded Line Status						

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Provides Coroner Disclaimer						
Verifies/Obtains Funeral Home Information and Arrangements; Discusses Viewing Attire						

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Family Approach/Telephonic Authorization (section 2 of 2)						
Explains Aftercare and Outcome Call						
Responds to Questions Appropriately						
Active and Empathetic Listener						
Establishes Timeframes and Communicates Timeframes with Appropriate Parties						
Authorizes Tissues Appropriate to Eligibility						
Documentation Accurately Reflects Conversation						
Effectively Utilizes Language Line						

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Handles General Donation Inquiries						
Updates Outside Contacts, Approach and Authorization Pages in iTransplant Appropriately						
Updates Activity Board to Reflect Real-Time Status of Referral						

Family Approach/Telephonic Authorization Training Complete: YES NO

Manager/Supervisor Signature: _____ Date: _____

Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Medical and Social History Questionnaire						
Performs MSHx at Time of Consent						
Identifies Appropriate Historian and Assesses Additional Historians						
Identifies and Obtains Contact Information for Physician						
Asks All Questions as Written on Questionnaire; Leading Questions are Not Asked						
All 'Yes' Answers are Explained/Documented, and Probing/Appropriate Follow-Up is Obtained						

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Active Listener and Empathetic Investigator						
Appropriate Responses to Historian's Questions						
Historian is Provided with Sufficient Time to Answer Questions						
Documentation Accurately Reflects Info Given/Obtained, and Real-time Documentation of Responses						
Determines Suitability and Identifies Donation Opportunities						
Identifies, Speaks To, and Clarifies Potential Contraindications in Real Time						
Information Obtained is Documented Accurately and in the Appropriate Field						
Updates Activity Board to Reflect Real-Time Status of Referral						

Medical and Social History Questionnaire Training Complete: YES NO

Manager/Supervisor Signature: _____ Date: _____

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Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Case Coordination (section 1 of 2)						
Reviews Medical and Social History Questionnaire and Authorization and Makes/Requests Corrections						
Tissue Allocation/Processor Screening - All Case Information is Relayed Appropriately and Objectively to Processors						
Confirms and Obtains Coroner Permission						
Identifies and Establishes Recovery Location						
Locates and Secures Patient, Medical Chart, and Blood Samples						
Addresses After-Hours Recovery Team and Patient Transport Access with Funeral Home						
Establishes Appropriate Transport Agency for Pre and Post Recovery Transport						
Effectively Communicates with TOC/Medical Consultants						
Establishes Critical Time Frames and Maintains a Sense of Urgency						
Communicates with Outside Partners for Shared Cases						
Works-Up Shared Organ Cases <ul style="list-style-type: none"> • Recognizes When OR Time is Set • Requests Clarifications • Attends Huddle as Needed 						

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Provides Additional Information and Updates to All Appropriate Parties						
Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Case Coordination (section 2 of 2)						
iTransplant Documentation Reflects All Conversations and Actions Taken						
Determines Post-Recovery Direction and Communicates Information to All Appropriate Parties; Final Note is Accurate; Completes Case Assignments						
Facilitates and Documents with Recovery Team						
Displays Professional and Courteous Tone and Language; Engages in Active Listening						
Updates Activity Board to Reflect Real-Time Status of Referral						
Case Coordination Training Complete: YES NO						
Manager/Supervisor Signature: _____ Date: _____						

Comments (please include case number and preceptor's name)

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For Management Use Only

<p>All Operations Center Training Completed:</p> <p>YES If YES, date completed: _____</p> <p>NO If NO, document additional training in another training packet</p>	<p>Manager/Supervisor Approval:</p> <p>_____</p>
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