Trillium Gift of Life Network

Orientation Clinical Readiness Guide

Specialists, Organ and Tissue Donation and Clinical Responders

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Ontario Health
Trillium Gift of Life Network

Introduction

This resource is intended to be utilized with the support of an S-OTD mentor/preceptor, as a guideline of clinical expectations. The sections in this guide correspond with the *Specialists, Organ and Tissue Donation and Clinical Responder Attestation of Clinical Competency*, which should be signed by you and your manager.

Preceptor Objectives: The preceptor's objective is to support the transition of the orientee to be able to work independently on a donor case. Responsibilities will include utilizing this tool to guide the S-OTD during case shadowing.

During the shadowing period the preceptor is responsible for the following:

- Offer opportunities for observation, participation and independently performing the skills identified
- Identify strengths and weaknesses of orientee and share with mentor and/or manager

Orientees' during the shadowing period are responsible for:

- Active participation in all offered opportunities
- Complete the document and when an objective has not been able to performed, provide a comment
- Identify their strengths and weakness for continued development

Area of shadowing and learning Content
1. Referral and Identification • Articulates the benefit of a timely referral and clinical triggers leading to referral • Identifies early referrals and leaves key messages with health care team (HCT) • Calls hospital to gain relevant information to case (e.g. stability, DNC vs. DCC, approach plan etc.) • Identifies tissue exclusive versus organ and tissue donation potential criteria • Conducts a chart review to identify key information e.g. ABO/Height/Weight, ventilation status, cause of death, mechanism of injury, positive cultures, relevant diagnostic imaging • Articulates differences between DNC vs. DCC, rapid DCC, DNC as DCC, NPOD and NPOD after DCC. Identifies the opportunities for DNC vs DCC donor • Identifies resources available to help determine preliminary suitability (PRC, TSP, another S-OTD, MOC, DSP) • Contacts the PRC in a timely manner to alert to any 'red flags' i.e challenging family dynamics, SDM identification concerns, patient instability
2. DNC • Recognizes signs and symptoms of neurological death. With HCT, discusses neuro assessment findings (Pupils, cough, gag, respiratory drive, response to stimuli) prior to DNC testing • Names brainstem reflexes tested for NDD and articulates how each reflex is tested during DNC assessment • Demonstrates knowledge of apnea testing parameters • Advocates for DNC assessment prior to family discussion • Plans with HCT for neurological declaration of death for the purposes of donation and uses checklist and Confounding Factors guidelines to guide bedside team • States TGLN donation specific DNC requirements (e.g. 2 physicians, normalization of lab and physiological parameters, timing of testing post anoxic event • Consults resources (i.e. DSP consult) when encountering barriers to DNC (e.g. spinal reflexes, confounders, donor instability • States situations when ancillary testing may be required and names potential ancillary tests • Verifies correctness of DNC testing if completed prior to arrival

Area of shadowing and learning Content
3. DCC • States basic DC**C**-specific exclusion criteria (e.g. age, organ potential) and TGLN donation specific DC**C** requirements (e.g. 2 physicians requirements for declaration, review DCC video and practice advisory with physicians, heparin, WLS location • Sources out and utilizes DC**C** checklist • Verbalizes key communication to family (e.g. role of team members, 5 min hands off period, necessity of moving pt. to recovery OR after pronouncement etc. • Ensures appropriate support available for family prior to WLSM • Ensures appropriate TGLN forms (e.g. pronouncement of death) filled out by appropriate HCPs • Explains differences in pharmaceutical management of DC**C** donors (e.g. no T4 protocol) to HCTs • Utilizes appropriate resources when encountering barriers to DC**C** (e.g. physician hesitation to Heparin administration)
4. Consent Process • Obtains knowledge of Registered consent decision (RCD) prior to approach • Identifies situations requiring additional S-OTD • Understands rationale for obtaining first person consent form and aware of DSP availability for first person consent questions • Distinguishes difference of SDM under the HCCA vs. the TGLN Act • Formulates pre-approach information gathering from HCTs (i.e. SW, MRP, RN) • Identifies difference between a health care provider (HCP) approach vs. preliminary mention • Determines need for a language interpreter and ensures the use of interpreter if needed • Determines specific cultural and religious beliefs of the patient/patient's family • Approaches families using value positive language • Articulates result of RCD lookup to family • Identifies, fills out and uploads appropriate consent forms i.e. additional pre-mortem consent

Area of shadowing and learning Content
• Articulates appropriate timing for huddle and obtains information required before huddle • Utilizes resources to assist with messaging to families (MOC, TGLN discussion cards etc.) • Utilizes affirmative language in the face of a RCD and family reluctance • Consent requests & requirements for transfer • Documents consent in accordance with TGLN standards
5. Screening and Testing • Screens potential donors based on established OPO and Health Canada guidelines and in consultation DSP/TSP or MOC • States knowledge of process of sending stat serology (dangerous goods standards etc.) • Ensures serology/HLA bloods sent in timely fashion after verbal or written consent with completed Hemodilution calculation • Articulates issues in donor profile which may require NAT testing • Conducts a Medical Social history questionnaire in accordance with Health Canada Standards • Articulates situations requiring maternal Med/Soc history and/or serology • Performs & documents a thorough physical assessment including an accurate height and dry weight (records any discrepancies) • Requests appropriate organ specific diagnostic tests • Requests additional testing required by transplant program to MRP/HCT • Initiates culture tasks on preliminary and final results • Identifies and performs DSP, TSP or ID consult when concerns regarding medical suitability of donor
6. Donor Management • Collaborates with HCT to implement organ specific management to maintain the opportunity for donation and collaborates with HCT to initiate hospital specific order set when appropriate (i.e. post consent to normalize lab and vital signs) • Specifies optimal donor monitoring requirements (e.g. art line, Foley catheter etc.) • Identifies specific lab tests required for donor assessment • Promotes organ specific donor management to optimize organ yield (e.g. lung recruitment maneuvers)

Area of shadowing and learning Content
• Articulates common donor management issues (e.g. hypotension, hypothermia, electrolyte imbalances, DI etc.) • Articulates lab and vital sign parameters outside of normal values which may necessitate alerting PRC/MOC/DSP • Demonstrates respect and tolerance when communicating recommended interventions
7. Coroner • Articulates when a donor case may be a potential coroner case and communicates with HCT regarding coroner status (i.e. have they been called, who is calling) • Fills out Coroner/Forensic Pathologist Permission Form • Uploads coroner form to attachments • Articulates steps required to minimize Coroner blocks • Follow up with coroner regarding requests (i.e. wants call at TOD or when recovery is complete)
8. OR Recovery Procedures • Identifies hospital specific OR booking procedure and identify donation case priority • Demonstrates ability to fill out booking sheet/procedure and communicate to Charge RN • Demonstrates ability to communicate instrument requirements (i.e. sternal saw, bronchoscopy tower) • Effectively communicates delays and negotiates timing changes • Coordinates pre WLS huddle with ICU & OR (DCD) or pre-OR huddle with transplant & OR staff (NDD) • Communicates “Hold the Body” Form and procedure for tissue bloods for consented tissue donors to OR Nurses in huddle
9. ICU & Family Follow Up • Ensure timely family communication regarding process changes (e.g. OR time change requests) • Ensures timely communication to ICU staff post cancellation of case or medical suitability of organ

Area of shadowing and learning Content
• States timing for family follow up post donor OR – confirmation of end of recovery, confirmation of transplant, donor family survey and family services follow up.
10. Donor Management System (iTransplant) • Demonstrates using label maker and scanner • Articulates how to access IT on call for trouble shooting • Articulates understanding of privacy related to documentation, X1 device, and cell phone • Demonstrates entry of key information from chart review into iTx in a timely fashion • Demonstrates ability to upload and scan documents into iTx system (e.g. consent, NDD form) • Demonstrates correction of errors demonstrated by Quality Team • Articulates appropriate access for remote desktop login (e.g. tango vs. vmh)
11. Resources and Communication • Identifies key team members and makes appropriate and timely introductions when arriving on-site • Recognizes and addresses potential barriers or challenges to donor process • Articulates difference between TSP and DSP role • Speaks to DSP on recorded line • Recognizes when to call DSP for S-OTD exclusive questions (prior to offering this service directly to member of bedside team) • Guides HCP through donor specific processes (e.g. DNC, blood draws etc.) • Ensure fields specified in 'OTDC checklist' are filled out OTDC Checklist is mandatory • Case Feedback Form is initiated/continued on case activity • Identifies scenarios where PRC/MOC assistance required • Participates in bullets when on call • Articulates understanding of importance of privacy of passwords for TGLN and hospital logins

Area of shadowing and learning Content
• Documents all family conversations in DMS • Utilizes case milestone tool, uploads to DMS & provides HCT copy • Provide report to incoming S-ODT (verbal or written) • S-OTD communicates to PRC and documents in DMS upon hospital arrival and departure and case coverage plan • MOC case assignments are not to be changed without MOC approval • When on any case the S-OTD is to self-identify to MOC if S-OTD requires any extra resources
12. Special Circumstances* (to be completed if opportunities available during orientation) • MAID approach & case activity • NPOD approach & case activity • Paediatric approach & case activity

- *Specialist, Organ and Tissue Donation Attestation of Clinical Competency* will be sent to manager by S-ODT when the S-ODT has started to work independently on donor cases.
- Manager to send the completed *Specialist, Organ and Tissue Donation Attestation of Clinical Competency* to Hospital Programs Admin Assistant who files in the Clinical Readiness File.
- Education pulls readiness tool from file and stores the file.