

A-NRP Cases for High Fidelity Simulations MEDICAL EDUCATION PROFILE

Background

Brief description of research study:

Abdominal Normothermic Regional Perfusion (A-NRP) is a new postmortem donor intervention technique that uses an ex vivo system to re-oxygenate and re-circulate blood throughout the donor abdominal compartment prior to organ recovery. TGLN is planning on implementing a pilot study to ensure the permanent cessation of intracranial circulation in the donor during A-NRP after DCD/DCC.

To prepare for this, the research study team would like to perform High Fidelity Simulations on neurologically deceased donors not eligible for organ donation (NDD/DNC) to practice the neuromonitoring and surgical/A-NRP circuit techniques.

Recruitment target: n=2-3

Program:

London Health Sciences Centre: **University Hospital only**

Contact Person(s) & Contact Information:

For all LHSC site staff, if there is an extension number, the phone number that precedes is 519-685-8500. Contact via cell or pager as primary. Pager if urgent.

Role	Name	Contact Numbers	Email
Study Coordinators/ Study Consent:	Crystal Engelage	<i>Pager: 17472 Cell:519-719-2273 Office: 37517</i>	Crystal.Engelage@lhsc.on.ca
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Donation Physicians:	Dr. Marat Slessarev	<i>Pager: 19814 Cell:226-984-9594 Office: 56560</i>	Marat.Slessarev@lhsc.on.ca
	Dr. John Basmaji	<i>Pager: 19069 Cell:226-376-7460</i>	John.Basmaji@lhsc.on.ca
Transplant Surgeons:	Dr. Anton Skaro	<i>Pager: 13280 Cell:519-670-0628 Office: 32904</i>	Anton.Skaro@lhsc.on.ca
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Offering Information:

- For Open Referrals:
 - RTC/SOTD on site identifies patient with potential for DNC, or completed DNC ruled out for organ donation
 - RTC to keep case open and create a clinical note using the notes template, notify (email) the delegate MOC and copy SOTDs from hospital
 - MOC to call Clinical Research Coordinator (CRC) between the hours of 0800 and 2000, Monday to Thursday. The CRC will review with Research Physician (RP) for suitability and notify MOC of outcome.
 - RTC to add case to Medical Education, High Fidelity Simulations Active Case Section of Shift Report so that RTCs are notified

- For Consented Not Recovered Cases,
 - For consented DNCs where all organs are ruled out, SOTD may talk to family to assess interest in Medical Education when communicate r/o for transplant
 - RTC/CSC/SOTD to keep open, SOTD to create a clinical note using the clinical notes template for M/E and notify MOC
 - MOC to call CRC between the hours 0800 and 2000, Monday to Thursday. The CRC will review with RP for suitability and notify MOC of outcome.
 - CSC to add case to Medical Education, High Fidelity Simulations Active Case Section of Shift Report if permission to proceed is received from families.

Eligibility:

Potential candidates for the Medical Education initiative must meet the following criteria:

- Situated at one of the participating hospitals
 - London Health Sciences Centre (**University Hospital only**)
- Ventilated referrals that meet Death by Neurologic Criteria (DNC) not eligible for organ donation
 - Medically unsuitable consented DNC donor (all organs ruled out)
 - TGLN-identified (RTC/OTDC) patient with no organ potential where:
 - DNC has been completed; or
 - Appears determinable for DNC
 - (NOTE – patient may be eligible for medical education initiative even if above age limits for organ donation)
- Adults over 18+ (no upper age limit)
- Consent for Medical Education

Exclusions:

- Referral or call back update with Imminent WLSM. TGLN will not ask to delay WLSM for medical education initiative.

Precautions:

- Known positive serology (e.g., HIV, Hep B, Hep C, syphilis) or comorbidities may be reviewed by primary contacts prior to excluding.

Recovery
Covid Considerations: <ul style="list-style-type: none"> - Personal Protective Equipment: TWH and LHSC will supply their own N95 masks where applicable.
Method: <ul style="list-style-type: none"> - After neurologic death has occurred, an A-NRP Medical Education case will be initiated in accordance with the protocol.
Logistics: <ul style="list-style-type: none"> - OR will be booked by SOTD using usual process, and consult with CRC - Neuromonitoring equipment will be brought to the bedside/OR by the neuromonitoring study team - Cardiohelp System, tubing, priming solutions and surgical equipment will be brought to the OR by LHSC's TDS.
Supplies to be provided by TGLN SRC: <ul style="list-style-type: none"> - None
Requirements for Perfusion: <ul style="list-style-type: none"> - As per perfusionist's preference
Time Requirements: <ul style="list-style-type: none"> - Preference to book OR during the daytime (10am onwards). Procedure expected to be performed within 2-2.5 hours.
Impact on Transplant/ Recovery Procedure: <ul style="list-style-type: none"> - No impact, as no organs will be recovered for transplantation
Effect on Body / Post-Mortem Care: Usual procedure
Consent Considerations: <ul style="list-style-type: none"> - Requires consent for Medical Education from the donor NOK (SOTD will complete/update TGLN consent form) and put note in special instructions re: medical education high fidelity simulation - CRC/RP will approach family for permission for medical education, complete documentation note, and provide it to SOTD to upload in iTransplant
Recovery Personnel: <ul style="list-style-type: none"> - N/A
Credentialing: <ul style="list-style-type: none"> - As per PRC database.
Required Documentation: <ul style="list-style-type: none"> - Documentation: As per usual documentation
Transportation: <ul style="list-style-type: none"> - N/A