Clinical Process Instruction Manual

Ontario Organ or Combined Organ and Tissue Donation Process Instruction

Policy:

Designated facilities in the province of Ontario are required by the *Gift of Life Network Act* to notify Trillium Gift of Life Network (TGLN) as soon as possible when a patient has died or if death is imminent. TGLN will manage the referrals to determine if the patient is eligible for donation. Upon receipt of an organ and/or tissue referral, TGLN determines if the referred patient has registered their consent decision via the Registered Persons Database (RPDB). TGLN along with the hospital and healthcare professionals (HCPs) will ensure that each potential donor and their family are provided with the opportunity of organ and tissue donation as a part of standard end-of-life care.

Tissue donation is considered for all deaths. Organ donation is considered for all deaths determined via neurological criteria, where perfusion is ongoing at the time of referral, where there has been a decision to withdraw life support that is agreed between the hospital and family or in situations where a medical assistance in dying (MAID) procedure is planned.

In most instances, Provincial Resource Centre (PRC) coordinators including Tissue Coordinator (TC), Clinical Services Coordinator (CSC) or Referral Triage Coordinator (RTC) will accept the referral call. There may be instances where it may be delegated to another TGLN personnel.

Process:

1. The healthcare professional (HCP) – Registered Nurse (RN), Registered Practical Nurse (RPN), RN Extended Class (EC), Doctorate of Medicine (MD) or CritiCall operator will call the PRC if a patient has died or if death is imminent by reason of injury or disease. The HCP may complete the *Routine Notification Worksheet* and have the patient chart readily available prior to making the call.

    1.1 If the referral comes from CritiCall, the operator will provide TGLN with the following information:

    - patient name
    - patient age
    - referring MD name and contact information
    - hospital name including unit contact information (e.g., ICU or ER and phone #).

    1.2 CritiCall will call a referral into TGLN when consensus of no neurosurgical option is reached by the referring physician and neurosurgeon. TGLN will follow-up on the referral with the hospital to assess for donation potential.

1.3 The PRC coordinator will inform the hospital that TGLN is calling due to consensus between physicians that no surgical option exists for the patient. The hospital may or may not yet be aware of this information from the referring physician.

1.4 The PRC coordinator will proceed to gather information as per the referral process described in this Process Instruction.

2. PRC coordinators will collect and record patient demographics as required on iTransplant or on the *Triage Form*. See Exhibit 1. This includes:
    - name of caller and designation
    - city/town; hospital; unit; telephone number
    - name of patient
    - patient date of birth
    - gender of patient
    - health card number
    - date of admission
    - hospital record number

3. The health card number is verified with the HCP by reading back the number and receiving verbal confirmation that the number is correct.

4. If the caller indicates that s/he is a ward clerk, social worker or chaplain, or a non-HCP MAID Coordinator, the PRC coordinator will input the data and ask the caller to have an HCP call back in order to obtain details required to assess donation potential. On occasion, TGLN will receive tissue referrals from non-hospital based facilities, such as funeral homes, the coroner's office, and from non-HCP personnel. TGLN will accept and facilitate these referrals.

5. New referrals shall be assigned a unique TGLN identification number to facilitate tracing of the case from referral to final disposition. This TGLN number will be assigned to every piece of documentation or specimen that is collected. The TGLN identification number is provided to the HCP and a request is made to record the number in the patient's chart.

6. The PRC coordinator registering the referral may receive an error message regarding the existence of a "duplicate record" if a referral for the patient has previously been registered. The PRC coordinator should locate the original referral before proceeding in assigning a new TGLN identification number. If the patient has not been discharged from the hospital admission noted in the original referral, the PRC coordinator will re-open the original referral.

If the referral relates to a new admission to hospital, the PRC coordinator will proceed in creating a new TGLN identification number.

7. The HCP is asked if the patient is being ventilated. If the HCP indicates that the patient is intubated and being ventilated (either mechanically or manually with a Bag Valve Mask/Ambu-bag) or is on an external mode of ventilation (i.e., CPAP or BiPAP), the RTC or CSC will screen for organ donation potential. If medical assistance in dying is planned, the RTC or CSC will document this in the chart. If cardiac death has already occurred and the referral is from a hospital that participates in the facilitation of Non-Perfused Organ Donation (NPOD), the RTC or CSC will screen for lung donation potential. If cardiac death has already occurred and the referral is not from a hospital that participates in the facilitation of NPOD, screening for tissue potential continues. See *Ontario Tissue Exclusive Referral Donation Process Instruction*, *CPI-9-160*.

8. If the HCP indicates that cardiac death has not occurred and the patient is not being ventilated, the PRC coordinator asks if MAID is planned. If MAID is planned, the RTC or CSC will screen for organ donation potential. If MAID is not planned, screening for tissue donation potential continues in accordance with *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*. The HCP will be asked to call back upon any changes to the patient's status. If the HCP calls back and indicates that cardiac death has occurred, the PRC coordinator will proceed as per *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160.* If the patient is now ventilated, the call is transferred to an RTC or CSC to continue triaging for organ donation potential.

9. If the patient is ventilated during the initial or any subsequent calls, the RTC or CSC will immediately take the referral call. The RTC or CSC will collect information from the HCP regarding the patient's status, including: "do not escalate care" or "do not resuscitate" (DNR) orders on record; and/or plans to withdrawal life-sustaining therapy (WLS).

10. The RTC or CSC will determine if there is adequate time or necessary measures in place to evaluate preliminary suitability. If WLS is imminent, the RTC or CSC will request the HCP delay WLS until the patient's donation consent decision is obtained from the RPDB.

11. The PRC coordinator obtains the patient's donation consent decision from the RPDB. See *Obtaining Registered Donation Information – Ontario Organ and Tissue Donor Process Instruction, CPI-9-102.*

12. At the time of referral, the PRC coordinator will collect the following information and document it in iTransplant. If the referral is from an OTDC hospital or if an OTDC is on site, the OTDC may be assigned to obtain this information. For open referrals, the RTC or OTDC will update this information regularly when completing check-ins.
    - Admission History
    - Medical history including cancer history if applicable

- Brainstem reflexes
- Chemistry
- CBC
- ABGs and CXR results
- Vital signs including ventilator settings
- Information about the patient's plan of care, neurological status, and relevant family dynamics to be documented in a clinical note

If an interest call is required to assess donor suitability prior to approach, the following additional information will be required prior to the interest call.

- Height
- Weight
- ABO (if available)
- Abdominal imaging (if available)
- CXR image
- Positive cultures and treatment if applicable
- Medication history

13. In cases of imminent WLS, the RTC or Organ and Tissue Donation Coordinator (OTDC) may immediately approach next-of-kin (NOK) to assess openness to delaying WLS to facilitate evaluation of preliminary suitability for organ donation. In situations where no TGLN coordinator is available to speak to the family, the CSC will request that the HCP speak to the family regarding allowing for time to evaluate preliminary suitability for organ donation. Following interest from NOK, the RTC, CSC, FDC or OTDC may request initiation of medically necessary measures to assist in evaluating preliminary suitability for organ donation (e.g., an arterial line), if not already in place.

13. In all cases where a "do not escalate care" or DNR order is in place, the CSC or RTC will notify the Donation Support Physician (DSP) about the referral if preliminary suitability assessment for organ donation determines the patient has donation potential.

14. The DSP may initiate contact with the most responsible physician (MRP) to request that the patient be supported to maintain eligibility for organ donation until the patient's registered consent decision can be confirmed with family.

15. The RTC or CSC will dispatch the OTDC or on-call team member to provide on-site support at the hospital and continue to provide telephone assistance in the interim, as per *Donation Support Process Instruction, CPI-9-103*.

16. If the patient is not eligible for organ donation, the RTC or CSC will communicate this to the HCP using the following scripting: “This patient does not meet the current criteria for organ donation – these criteria change frequently, so please continue to call us.” The CSC or RTC will then consult a TC who will screen the call for tissue donation in accordance with *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Donor Chart	——	PRC	PRC	16 years
Triage Form	CSF-9-1	PRC	PRC	16 years

References:

- *Obtaining Registered Donation Information – Ontario Organ and Tissue Donor Process Instruction, CPI-9-102*
- *Donation Support Process Instruction, CPI-9-103.*
- *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*
- Gift of Life Network Act, R.S.O. 1990, Chapter H.20, Part II.1
- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. D5.200.

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Exhibit 1: Triage Form

CSF-9-1

TRILLIUM GIFT OF LIFE NETWORK - Triage Form

TGLN ID #: Date: / / Time: CSC:
Hosp/Unit: Ref'd by: Ph #: Fax #:

Name: Age: Gender: **M / F** D.O.B
MRN: OHIP # **(DD / MMM / YYYY)**
MRP (Most Responsible Physician) : Aware of Referral Y / N / U

24/7 Lookup: NA / Y Blank No Info Transplant R&T Exceptions Y / N 24/7 Lookup Given to OTDC: Y / N

Admission History: Date/Time Admitted: Date/Time Intubated:

Arrests: Y / N Down Time: Resuscitation: Date/Time of Arrest:
Cooling Protocol: Y / N Discontinuation Date: Time:
Past Medical History:

Surgeries: Y / N If Y, Describe (include year):
Cancer: Y / N Date of Diagnosis:
Treatment (circle): chemotherapy / radiation / surgery Date(s) of Treatment:

Admission Dx: **Neuro Injury?** Y / N / U **Mechanism of Neuro Injury:**

Cough	Y / N / U	Breathes Above Vent?	Y / N / U	Vent Settings: Mode: RR: Vol: PEEP: FiO2:	
Gag	Y / N / U	Sedation	Y / N / U	Meds/Dose/Time:	
Corneal	Y / N / U	WLS Discussion	Y / N / U	If Y, set time:	
Withdraws to pain	Y / N / U	Limiting Therapy	Y / N / U		
Pupils	Y / N / U	DNR	Y / N / U	* paediatric referrals on Bipap may be eligible to donate	

Family Aware of Prognosis Y / N / U Consent: Y / N / U
NOK on site Y / N / U Request for OTDC to come on site Y / N Request made by Family / Staff (Circle)
OTDC Contacted: Y / N Who: Date/Time:

Preliminary Medical Suitability

Suitability Concerns Y / N / U (If yes, describe)
CMO Consulted Y / N Who: Date/Time:
Outcome: **CMO Contacted by RTC / OTDC / CSC**

Assessment of Timely Referral

Mention of donation: **Y / N** HCP/MD/Family Time Set for WLS **Y / N** Appears Declarable **Y / N** Poor BP Management **Y / N**
Current Hospital's Plan

Follow-Up Plan/Key Messages to Referral Hospital (by RTC / OTDC / CSC)

Call PRC if: Mgmt Concerns ☐ **Approaching NDD** ☐ **Family/HCP Needs Support** ☐ **Planned WLS/Limiting Therapy** ☐

TISSUE CONTRAINDICATORS

HIV/Aids	Y / N	Hep C	Y / N	Active TB	Y / N	Alzheimers	Y / N	MS	Y / N
Hep B	Y / N	CJD	Y / N	Isolation Precautions	Y / N	Parkinsons	Y / N	Leukemia	Y / N
MRSA/VRE/ESBL	Y / N	Rabies	Y / N	C. difficile	Y / N	ALS	Y / N	Lymphoma	Y / N

Chart Transferred to Tissue Desk ☐ **Report Given to:** **Date:** **Time:**
RN Informed to call at T.O.D. **Y / N** Name of HCP
Initial/Signature:

September 2, 2011