



Clinical Process Instruction Manual

Team Huddle Planning Session Process Instruction

Policy:

To improve organ donor case management and to better support donor families and healthcare professionals, Trillium Gift of Life Network (TGLN) integrates “team huddle” planning sessions in the donation process. Team huddles are initiated to discuss case dynamics and challenges. These planning sessions are utilized to ensure that case details are understood and issues are recognized early and handled appropriately to minimize delays or incidents.

Any staff member, Specialist - Organ and Tissue Donation (S-OTD), Clinical Services Coordinator (CSC), and/or Manager On-Call (MOC), involved in the case may initiate a team huddle. In addition, other relevant TGLN or non-TGLN staff may be invited to join the team huddle.

A “team huddle” planning session is required for each consented organ donor case.

A “Tissue Coordinator-OTDC Huddle” (i.e. TC-OTDC Huddle) planning session is required for each Organ & Tissue consented case and should include at a minimum the S-OTD and Tissue Lead (TL). The Tissue Coordinator and/or Tissue Manager On-Call (TOC) may join as required.

Process:

Team Huddle Process

1. In preparation for a huddle, the CSC will review the composite tissue waitlist to assess if there are any potential recipients. The huddle will occur once the following criteria are met:
 - an on-site chart review completed
 - Consent to Donate
 - NDD Declaration, if applicable
 - *Donor Medical and Social History Questionnaire, CSF-9-14* obtained and reviewed by CSC.

The CSC informs the MOC that a “team huddle” is required. In addition, any TGLN staff involved in the case can also request a “team huddle” at any time during a case when deemed necessary. These staff members might include the pertinent: OTDC, CSC, Surgical Recovery Coordinator (SRC), Tissue Coordinator (TC) and MOC.

2. The MOC and the PRC staff collaboratively schedule a teleconference or in-person meeting time based on availability of the on-site OTDC and PRC Coordinators.
3. The CSC assigned to the case moderates the team huddle.
4. The S-OTD and CSC present case details to the group.



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5. The S-OTD provides a brief synopsis of on-site activities, including patient demographic information, donor management and the challenges anticipated in the case.
6. The CSC provides a synopsis of the case from the PRC perspective, including logistics, case management and allocation. If the donor is identified as a potential candidate for composite tissue donation, the CSC will advise the S-OTD and MOC and discuss if a separate approach with the family is appropriate.
7. The MOC provides guidance to the S-OTD and CSC as required.
8. The CSC assigned to the case confirms case details with the huddle group using the *Team Huddle Guidelines*. See Exhibit 1.
9. Before the huddle is completed, the MOC will address any important items not yet discussed. The MOC, CSC and S-OTD will set an action plan for completing any outstanding items.
10. The CSC and/or S-OTD document the “team huddle” discussions and action plans in the donor chart’s clinical notes.
11. The CSC will upload a copy of the completed huddle checklist to the donor chart.
12. Additional “team huddles” will be called under the following circumstances:
 - issues related to timing or concerns about timing (i.e., family, hospital, transplant, etc.)
 - rescinded consent

TC-OTDC Huddle Process

13. The huddle will occur once the following criteria are met:

- At least one organ has been accepted and <8 hours prior to donor OR
OR
- Organs are ruled out for donation

The S-OTD will inform the Tissue Team Lead once the criteria has been met.

14. The S-OTD and TL will collaboratively schedule a teleconference meeting based on the availability of the on-site S-OTD and tissue team.



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15. In preparation for the huddle, the Tissue TL will review the case.
16. The Tissue TL will moderate the huddle.
17. The S-OTD, TC and Tissue TL will contribute case details to the group, using the TGLN TC-OTDC Huddle Checklist (CSF-9-251) as a guide. See Exhibit 2.
18. The S-OTD provides a brief overview of on-site activities including consent, coroner involvement, donor OR planning, and infection/treatment.
19. The TL provides a synopsis of the case from a tissue perspective, including tissue eligibility and acceptance, blood draw requirements, consent for transfer, and resources.
20. The Tissue TL or TOC (if applicable) provides guidance as required, and addresses any items not yet discussed.
21. An action plan is set for completing any outstanding items.
22. The TC/Tissue TL and/or S-OTD document the “TC-OTDC huddle” discussions and action plans in the donor chart’s clinical notes.
23. The Tissue TL or designate will upload a copy of the completed Huddle Checklist to the donor chart.

Records:

- No records

References:

- No references



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Exhibit 1: Sample Team Huddle Moderator Checklist



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Website: www.giftoflife.on.ca

CSF-9-208

TGLN Team Huddles – Moderator Checklist

The CSC is responsible for arranging the team huddle and should include at a minimum: the CSC, OTDC, and MOC (DSP if required). CSC TL may also attend if required.

TGLN #: _____ Date: _____ Time: _____
CSC: _____ MOC: _____ OTDC: _____

	Completed	Requires Follow-Up
Overview of case by OTDC		
• Review admission history and suspected cause of death	<input type="checkbox"/>	<input type="checkbox"/>
• DND issues?	<input type="checkbox"/>	<input type="checkbox"/>
• DSP involvement needed?	<input type="checkbox"/>	<input type="checkbox"/>
• Coroner involvement?	<input type="checkbox"/>	<input type="checkbox"/>
• Family situation	<input type="checkbox"/>	<input type="checkbox"/>
• Review organ/issuses consented (consent aligns with DP)	<input type="checkbox"/>	<input type="checkbox"/>
• Return of Organ(s) considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Potential VCA or parathyroid donor? Reapproach plan?	<input type="checkbox"/>	<input type="checkbox"/>
• Consider the patient for any current research studies (refer to the ORC)	<input type="checkbox"/>	<input type="checkbox"/>
• Donor management plan	<input type="checkbox"/>	<input type="checkbox"/>
• Organ specific tests (bronch, echo, angi)	<input type="checkbox"/>	<input type="checkbox"/>
• Timing of HLA and serology	<input type="checkbox"/>	<input type="checkbox"/>
• Donor ICU resource considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Donor OR planning/resource considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Have cultures (blood, urine, and sputum) been sent?	<input type="checkbox"/>	<input type="checkbox"/>
DCC considerations		
• DCC lungs – if suitable, OR plan for re-intubation	<input type="checkbox"/>	N/A
• DCC lungs – if suitable, plans/consent for NG tube to suction?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC lungs – Is donor hospital eligible for NPOD after DCC attempt?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC lungs - CSC to assess interest in NPOD after DCC attempt if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
• DCC heart – If suitable, consider transfer if donor is out of region?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC heart – if suitable, can hospital accommodate WLBM in the OR?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC kidney extended wait time candidate? CSC to confirm at time of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
• Has the MRP previously done a DCC? If not, use DCC video and mandatory DGP call	<input type="checkbox"/>	<input type="checkbox"/>
• Opinion of Intensivist to administer heparin for DCC donors?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the heparin order been written?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC OTDC coverage? discuss with MOC on huddle	<input type="checkbox"/>	<input type="checkbox"/>
Overview of case by CSC		
• PRC staffing and activity consideration	<input type="checkbox"/>	<input type="checkbox"/>
• Review allocation plan (EVD, NAT testing or interest calls required?)	<input type="checkbox"/>	<input type="checkbox"/>
• Estimated time of allocation	<input type="checkbox"/>	<input type="checkbox"/>
• Transplant centre considerations (are there multiple cases happening?)	<input type="checkbox"/>	<input type="checkbox"/>
• SRC considerations	<input type="checkbox"/>	<input type="checkbox"/>
• OTDC considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Set target OR time based on family, hospital, recovery and allocation considerations	<input type="checkbox"/>	<input type="checkbox"/>
• CSC to assign case to TC. OTDC to schedule TG/OTDC huddle.	<input type="checkbox"/>	<input type="checkbox"/>
Other		
• Does the donor hospital have a working sternal saw/internal defibrillator paddles?	<input type="checkbox"/>	<input type="checkbox"/>
• Review Hospital Profile for Hospital Specific Recovery Considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Road weather concerns re: discuss appropriate travel time for recovery teams	<input type="checkbox"/>	<input type="checkbox"/>
Covid-19 Considerations		
• COVID-19 screening tool completed and uploaded to chart? TSP- ID consulted?	<input type="checkbox"/>	<input type="checkbox"/>
• COVID-19 testing plan? ETA for results? Plan for repeat test within 48 hrs of OR?	<input type="checkbox"/>	<input type="checkbox"/>
• Repeat COVID-19 screening tool done with NOK and uploaded to chart?	<input type="checkbox"/>	<input type="checkbox"/>

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Exhibit 2: Sample TC-OTDC Huddle - Moderator Checklist



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CSF-9-251

TGLN TC OTDC Huddle – Moderator Checklist

Huddle Trigger: After one organ has been accepted and <8 hours prior to donor OR, or if organs are ruled out - the OTDC will reach out to the Tissue Team Lead and provide availability for the TC OTDC huddle

The Tissue Lead (TL) is responsible for arranging the team huddle after the OTDC reaches out and should include at a minimum: the OTDC and TL (TC, Tissue Manager On-call (TOC) if required*). The TL will review the case before the huddle.

TGLN #: _____ Date: _____ Time: _____
TL: _____ OTDC: _____ TC/TOC*: _____

Overview of case by OTDC	Completed	Requires Follow-Up
• Language Preference (English or French)	<input type="checkbox"/>	<input type="checkbox"/>
• Review organs/tissues consented (consent aligns with DP)	<input type="checkbox"/>	<input type="checkbox"/>
• Coroner involvement/permission?	<input type="checkbox"/>	<input type="checkbox"/>
• Police Seal Information (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Donor OR planning/resource considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Culture availability/presence of infection and treatment	<input type="checkbox"/>	<input type="checkbox"/>
• Funeral home considerations/timeline	<input type="checkbox"/>	<input type="checkbox"/>
• Family dynamics and NOK requests	<input type="checkbox"/>	<input type="checkbox"/>
• Exceptional distribution reason(s)	<input type="checkbox"/>	<input type="checkbox"/>
Tissue considerations		
• Tissue eligibility/acceptance (need to know this before OR)	<input type="checkbox"/>	<input type="checkbox"/>
• Blood draw requirements	<input type="checkbox"/>	<input type="checkbox"/>
• Consent for transfer	<input type="checkbox"/>	<input type="checkbox"/>
• Availability of tissue recovery resources	<input type="checkbox"/>	<input type="checkbox"/>
• Reassignment considerations after shift change	<input type="checkbox"/>	<input type="checkbox"/>
• Hold Body Form	<input type="checkbox"/>	<input type="checkbox"/>
• Heart/Lung Acceptance?***	<input type="checkbox"/>	<input type="checkbox"/>

Note: If all the tissues are declined, the Tissue Lead will notify the OTDC involved.

Footer: ***If lungs and heart valves are accepted, refer to CPI-9-813 for heart valve recovery instructions

Comments:

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