Ontario
Trillium Gift of Life Network

Clinical Process Instruction Manual

Clinical Services Coordinator to Surgical Recovery Coordinator Communication Process Instruction

Policy:

The Clinical Services Coordinator (CSC) will provide a condensed report to the Surgical Recovery Coordinator (SRC) or designate prior to their departure for the donor recovery. This report will provide the SRC with all pertinent information for the donation case.

Process:

1. The CSC ensures that the SRC or designate is given at least 2 hours of notice if case permits before leaving for recovery to receive the CSC's report and prepare the equipment necessary for the recovery. For transplant programs performing organ recoveries, the CSC will send the necessary paperwork to them.

2. The CSC may complete the *Reporting Form: Clinical Services Coordinator to Surgical Recovery Coordinator* and reviews this with the SRC or designate, prior to the SRC's departure. See Exhibit 1.

3. The CSC outlines specific case highlights from the donor assessment. This will include a review of the *Consent Form to Donate: Organs and/or Tissues.* The CSC will provide a redacted copy of the donor chart to the SRC or designate during the hand-off from the CSC.

4. The CSC will advise the SRC and recovery team if there are special instructions regarding organs not transplanted to be returned to the donor.

5. The SRC or designate verifies hardcopy of serology and ABO and documents it on the *Organ Donor Surgery Information*. The SRC or designate also verbalizes and verifies any positive serology results to the CSC.

6. The SRC or designate completes the *Transplant Operating Room Data* form, and will ensure a copy of donor ABO blood type documentation, a copy of donor serology and the *Notice of Exceptional Distribution,* if applicable, is available to accompany each organ to the recipient Operating Room (OR).

7. Either the CSC, SRC or the SRC's designate from an external organ recovery group on the case can check off the statement on the *Organ Donor Surgery Information* form, "This/these organ(s) has/have been processed as per Health Canada Regulations and TGLN Requirements, and is/are considered SAFE FOR TRANSPLANTION" or "This/these organ(s) are being released under EXCEPTIONAL DISTRIBUTION for not complying with Health Canada Regulations or TGLN

requirements.", on behalf of the Trillium Gift of Life Network (TGLN) Chief Medical Officer (CMO), since the CMO has delegated his approval to either of these functions involved with the case.

8. The SRC or designate completes the lab requisition documentation for any outstanding specimen requirements.

9. Prior to departing for the case, the SRC or designate and CSC verify the communication plan for the case.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Organ Donor Surgery Information Form	CSF-9-57	PRC	PRC	16 years
Transplant Operating Room Data	——	PRC	PRC	16 years
Notice of Exceptional Distribution	CSF-9-24	PRC	PRC	16 years
Donor chart	——	PRC	PRC	16 years

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References:

- Discussing Donation Opportunities and Documenting Consent Process Instruction, CPI-9-204
- Donor Assessment Process Instruction, CPI-9-208
- Safety of Human Cells, Tissues and Organs for Transplantation Regulations, Health Canada, June 2007

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Exhibit 1 – Sample Reporting Form: Clinical Services Coordinator to Surgical Recovery Coordinator

CSF-9-56

CLINICAL SERVICES COORDINATOR TO SURGICAL RECOVERY COORDINATOR REPORTING FORM

DONOR CASE HIGHLIGHTS

Donor TGLN #: _____ CSC: _____ SRC(s): _____
Time SRC Notified: _____ Time SRC Arrived in Office: _____
OTDC: _____ Contact #: _____
Case Highlights: _____
Coroner's Case: ☐ No ☐ Yes Post-Recovery Special Instructions : _____
ExD: ☐ No ☐ Yes Reason(s) for ExD: _____
Donor Hospital: _____ Sternal Saw at Hospital: ☐ No (SRC to bring) ☐ Yes
Address: _____ Chest Retractor at Hospital: ☐ No (SRC to bring) ☐ Yes
Pick-Up Time: _____ Recovery Team Member(s): _____

AIR TRANSPORTATION (ORNGE 1-800-387-4672)

Outward Flight: _____ Return Flight: _____
Departure Airport: _____ Return Airport: _____
FBO / Hangar: _____ FBO / Hangar: _____
Address/Phone #: _____ Address / Phone #: _____
Departure Time: _____ Tail #: _____ Departure Time: _____ Tail #: _____

Second Team

Flight Tail #: _____ 2nd Recovery Team: _____
Departure Time: _____ 2nd Team Flight Details: _____

GROUND TRANSPORTATION

Donor City Airport to Hospital: Type: _____ Time: _____
Local Airport to Transplant Hospital: Type: _____ Time: _____
Comments: _____

ORGAN ALLOCATION

Organ	Receiving Program	Recipient TGLN#	Recovery Surgeon(s)	Transplant Surgeon(s)
☐ Heart				
Heart Delivery Method: ☐ SRC ☐ OPP / EMS ☐ ORNGE Flight details:				
☐ Lungs				
Lungs Delivery Method: ☐ SRC ☐ OPP / EMS ☐ ORNGE Flight details:				
☐ Liver				
Liver Delivery Method: ☐ SRC ☐ OPP / EMS ☐ ORNGE Flight details:				
☐ Whole Pancreas				
Whole Panc Delivery Method: ☐ SRC ☐ OPP / EMS ☐ ORNGE Flight details:				
☐ Left Kidney ☐ Pump ☐ Cooler				
Lt Kidney Delivery Method: ☐ SRC ☐ OPP / EMS ☐ ORNGE / Air Canada Flight details:				
☐ Right Kidney ☐ Pump ☐ Cooler				
Rt Kidney Delivery Method: ☐ SRC ☐ OPP / Courier ☐ ORNGE / Air Canada Flight details:				
☐ Pancreas Islets ☐ Transplant ☐ Research				
Panc-Islets Delivery Method: ☐ SRC ☐ OPP / Courier ☐ ORNGE / Air Canada Flight details:				
☐ Bowel				
Bowel Delivery Method: ☐ SRC ☐ OPP ☐ ORNGE Flight details:				

November 30, 2017