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### **Clinical Process Instruction Manual**

### **Surgical Recovery Process Instruction**

#### Policy:

Trillium Gift of Life Network (TGLN) works in conjunction with transplant programs to facilitate the recovery of allocated organs. TGLN's approved, recovery support teams include TGLN's Surgical Recovery Coordinators (SRC) or designates which include: Hamilton Kidney Perfusionists and London Health Sciences Centre (LHSC) Transplant Donor Specialists. The SRC or designate must be present in the Operating Room (OR) to support Ontario transplant programs and when required, support Out-of-Province (OOP) recovery programs recovering organs from Ontario donors. The SRC or designate acts as the communication link between TGLN, the recovery teams, and the transplant programs.

Transplant programs have agreed to the following recovery program guidelines:

- work with TGLN to maximize organ recovery resources in both steady state, situations in which back-up recovery support is required and in surge situations.
- comply with standards, regulations, and practices (i.e., Health Canada, Accreditation Canada) as they relate to organ donation, recovery and transplantation.
- ensure physicians participating in the recovery of organs are licensed, trained and supervised accordingly.
- submit the required credentialing documents to TGLN to ensure the documentation is available
  to donor hospitals prior to the recovery personnel participating in on-site recovery procedures.
- work with TGLN to plan and perform organ recoveries on a 24/7 basis, within timeframes that
  take into consideration requests and logistical issues from the donor family, donor hospital,
  TGLN, the recovery team, and the transplant team.
- will wait the appropriate time for the donor to die, for DCD donors.
- work with TGLN to maximize organ yield for each donor.
- place kidneys on perfusion pumps as per existing agreements.

Organ recoveries will be coordinated in a manner that optimizes the number of organs recovered, minimizes missed opportunities and ensures the best possible outcomes.

Transplant programs may be called upon to respond as back-up coverage outside of their recovery region for both multi-abdominal and kidney-only donors when the local recovery team does not have the resources available to meet donor hospital and/or donor family related time constraints.

A surge response process may be initiated if the primary and back-up teams are unable to recover and an organ is a risk of being lost.



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#### Process:

#### **Organ Recovery Service Coverage**

- 1. Once the consented organs have been allocated to a transplant program, the Clinical Services Coordinator (CSC) determines a plan for recovery with the appropriate surgical recovery team. For multi-organ abdominal donors or kidney-only donors, the CSC will determine the primary recovery program and assess their ability to recover the organs. See Appendix 1.
- 2. For multi-organ donors, the liver/pancreas transplant recipient hospital will be responsible for recovering all abdominal organs (liver, pancreas, and kidneys) regardless of where the kidneys and/or pancreas are allocated. However, if the organs are allocated to more than one center, all recipient teams have the option of recovering the specific organ they have been allocated. For kidney only donors, the local kidney program (kidney donor region recovery team) is responsible for recovery, regardless of where the kidneys have been allocated.
- 3. If the transplant recipient hospital cannot comply with the requirement to recover organs within the timeframe specified by the donor hospital and/or donor family, the transplant recipient hospital will be offered the option of asking for the back-up support of another provincial recovery program, or declining the offer. If the option of declining is chosen, TGLN will re-allocate the organ(s) as per allocation policies. The CSC will record the name of the surgeon declining the recovery and their reason for declining in the donor chart.
- 4. If back-up assistance is requested, the CSC will contact back-up recovery teams and will facilitate a conference call as necessary with the primary recovery team for a joint discussion about the need for back-up assistance.
- 5. If the facilitation of back-up recovery assistance is successful, the CSC will communicate with the available back-up recovery team to set-up a plan for the recovery of organs and for transportation of teams and recovered organs. See Appendix 2.
- 6. If attempts to arrange back-up assistance are unsuccessful, the PRC Director or Manager-on-Call (MOC) will initiate the surge response process.

#### **Surge Response**

7. Once a surge response has been identified, the PRC Director or MOC and CMO-Transplant will initiate the surge by alerting the transplant program surgical directors of a surge.



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- 8. The CSC, PRC Director or MOC and CMO-Transplant will make arrangements for a teleconference with the surgical directors, surgical teams and other affected parties. TGLN will determine the affected parties based on the specifics of the case and may include the TGLN Donation Support Physician (DSP) on-call, Regional Medical Leads (RML), the Organ and Tissue Donation Coordinator (OTDC), ICU medical staff, donor hospital anesthesiologist and administrators to find collaborative solutions.
- 9. If a collaborative solution cannot be found, the CSC will offer the organs to an OOP Organ Procurement Organization (OPO).
- 10. If recovery still cannot be facilitated, the PRC Director or MOC and CMO-Transplant will arrange a teleconference with transplant program Medical Directors and a member of TGLN senior leadership to discuss the case. If no solutions are identified, the resulting loss of an organ/organs will be identified as a critical incident by TGLN and investigated for follow up.
- 11. The CSC will document the details of the surge response on the *Surge Evaluation Form* and send it to the MOC. See Exhibit 1. The MOC will review the *Surge Evaluation Form* and send a completed copy to the PRC Director.

#### **In Province Recovery**

- 12. Ontario organ recoveries are supported with the presence of a SRC or delegate. If an OOP team is the only team recovering organs from an Ontario donor, the CSC will inquire as to the need for supplies (i.e., coolers, ice, etc.) and TGLN recovery staff support. If the OOP OPO does not require assistance with supplies and/or support, a TGLN SRC or designate is not required in the OR.
- 13. If the OOP team is recovering alone on an Ontario donor, the CSC must obtain a copy of the completed *Organ Donor Surgery Information*, and organ supply list for the donor chart.
- 14. When present, the SRC or designate is responsible for ensuring all OR related documentation is completed and retained in the chart as the source establishment for the donor.

#### **Out of Province Recovery**

15. When organs are recovered outside of Ontario by an Ontario Transplant Recipient Program, TGLN recovery staff or delegate must be present in the OR to perform organ packaging and labelling functions.



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16. In the event that an organ(s) has been accepted from a U.S. donor whose serology result is positive for HCV, HBcAb, and/or HBsAg, a TGLN staff member (or delegate) must accompany the organ across the U.S - Canada border.

#### Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Surge Evaluation Form		PRC	PRC	16 years

#### References:

No references



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## Appendix 1: Multi-Organ and Kidney-Only Primary Recovery Teams by Region

	Kidney – Only Donor		
Donor Region	Primary Coverage	Back-up and Surge Coverage	
Toronto	UHN/SMH		
London	LHSC		
Ottawa	ТОН	UHN, SMH, LHSC,	
Kingston	KGH	TOH, KGH and SJH	
Hamilton	SJH		
Provincial (North)	UHN/LHSC		
Liver Recipient	Multi-Abdominal Organ Donor		
Hospital	Primary Coverage	Back-up and Surge Coverage	
UHN/Sick Kids	UHN	LHSC	
LHSC	LHSC	UHN	



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# **Appendix 2: Transportation Guidelines by Region**

Toronto	London	Hamilton	Ottawa	Kingston
PRC to coordinate with MOTC and arrange via ORNGE	LHSC to arrange	PRC to coordinate with Hamilton Renal Recovery Team and arrange via ORNGE	PRC to coordinate with Eastern SRC/Ottawa Renal Recovery Team and arrange via ORNGE	PRC to coordinate with Eastern SRC/Kingston Renal Recovery Team and arrange via ORNGE
PRC to coordinate with MOTC and use TGLN van/taxi	LHSC to arrange	PRC to coordinate with Hamilton Renal Recovery Team	PRC to coordinate with Eastern SRC/Ottawa Renal Recovery Team	PRC to coordinate with Eastern SRC/Kingston Renal Recovery Team

NOTE: If a program is acting as a back-up recovery team, TGLN will reimburse the program for their travel expenses.



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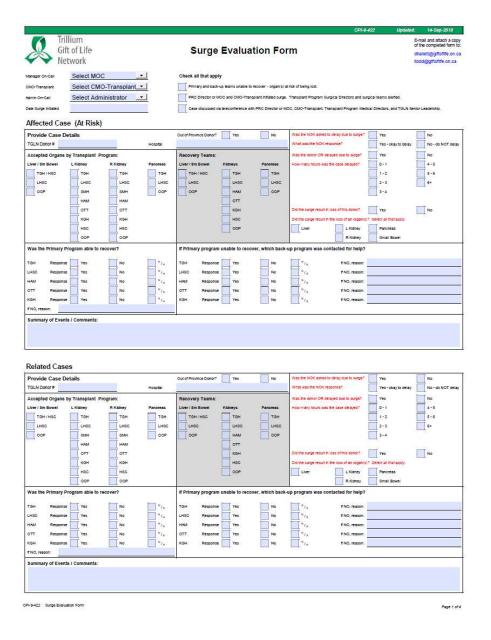
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## **Exhibit 1: Sample Surge Evaluation Form**

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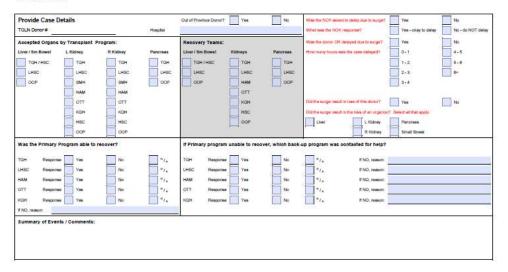
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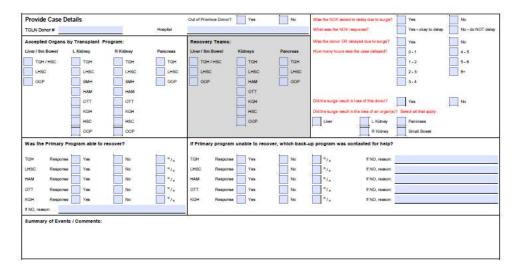
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#### Related Cases





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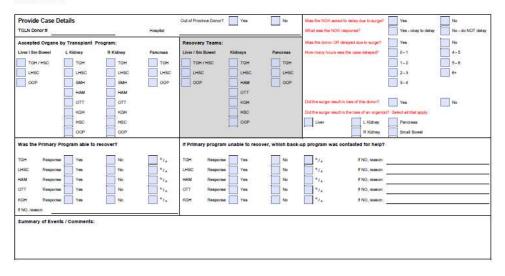
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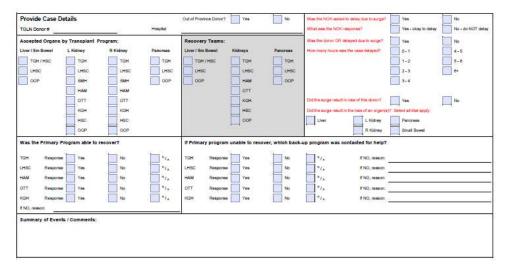
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#### Related Cases





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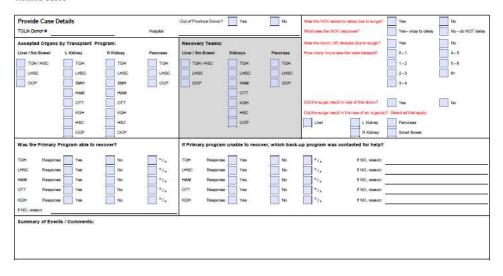
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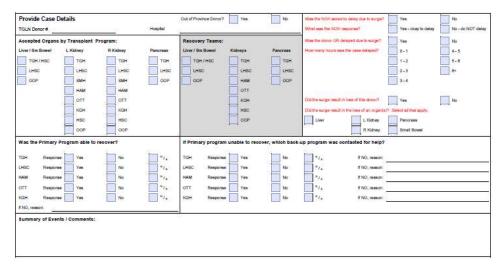
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Related Cases





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