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ISSUE DATE: December 13, 2016

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APPROVED BY: Hospital Program

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## **Clinical Process Instruction Manual**

### **Donor Case Follow-Up/Case Debrief Process Instruction**

### Policy:

Ontario Health (Trillium Gift of Life Network (TGLN)) acknowledges the efforts made by health care professionals to facilitate and support organ donation in their hospitals. Committed to quality improvement, TGLN will offer to debrief with hospital staff after any donation case that proceeds to the Operating Room (OR) for either Death Determination by Neurologic Criteria (DNC) or Death Determination by Circulatory Criteria (DCC) recovery, or where Withdrawal of Life Sustaining Measures (WLSM) has occurred.

For the purpose of this policy, two types of debrief events are defined. The first is an *informal debrief* offered at the end of every donation case providing hospital staff with an immediate opportunity to reflect on their experience, comment on what they thought worked well, and share opportunities for improvement. The second is a *formal debrief*, where all parties involved in the case, including hospital staff, physicians, hospital leadership/management and a TGLN representative can come together to review the case, address any issues or concerns, and identify processes for improvement. A formal debrief may be requested by either TGLN or the hospital in situations where there has been a significant event during the donation case, including but not limited to a new process or type of donation, a process error, a family or staff issue or concern.

#### Process:

- At the end of every organ donation case the on-site Specialist, Organ and Tissue Donation (OTDC) or Specialist, Clinical Responder (CR) will informally debrief with staff in the Intensive Care Unit (ICU). Should the OTDC/CR be on site at the end of the recovery, an informal debrief may also be completed with staff in the OR.
- 2. When a case is being managed remotely the case will be flagged during bullet rounds and assigned to the appropriate Hospital Programs Manager/Director for debrief/follow up.
- 3. If the case is closed prior to recovery, and an OTDC/CR is on site, an informal staff debrief will still be completed with staff in the ICU.
- 4. The OTDC/CR will document an informal debrief has taken place in the patient's chart in the donor management system.



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- 5. The outcome of the informal staff debrief, along with any other issues noted by the on-site OTDC/CR, will be emailed to the hospital's most responsible OTDC/CR, Hospital Development Coordinator (HDC), or designate within 24 hours. The most responsible OTDC/CR or HDC's information is located at the top of each hospital's profile.
- 6. The most responsible OTDC, CR, HDC, or designate will review the case and the information obtained from the informal staff debrief. Items requiring follow up by TGLN leadership will be forwarded to the appropriate manager/director within 24 hours, including any requests for a formal debrief with TGLN.
- 7. If a formal debrief is requested by the hospital or if the Hospital Programs Manager/Director identifies the need for a formal debrief, the TGLN Director associated with the hospital will send the hospital's Operational Lead an email requesting or arranging a formal debrief with all involved parties. See Exhibit 1 for sample email.
  - 7.1. It is the responsibility of the hospital to arrange the date, time, and location of the formal debrief with staff.
  - 7.2. TGLN will recommend the formal debrief occur within one to two weeks following the case, whenever possible.
  - 7.3. The OTDC/CR/HDC will make all reasonable efforts to attend in person. If this is not possible, attendance via teleconference/Ontario Telemedicine Network (OTN) is acceptable.
  - 7.4. The OTDC/CR/HDC or a hospital representative will facilitate the formal debrief session. This will be negotiated with the hospital on a case by case basis.
  - 7.5. Should the process or specifics of WLST be discussed, the conversation is to be led by the hospital without comment from TGLN.
  - 7.6. If the case involved a crisis situation or was particularly challenging for staff, and is beyond the scope of the OTDC/CR/HDC, TGLN will encourage the hospital to initiate a professional debriefing session facilitated by a trained counsellor available through the hospital's Employee Assistance Program (EAP) or other hospital services.
  - 7.7. The Case Debrief Form will be used during the formal debrief session. See Exhibit 2. A completed copy should be sent to the Operational Lead and uploaded in the donor management system's Hospital Development module.



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## Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Case Debrief Form	CSF-9-135	Hospital Development	Hospital Development	10 years

#### References:

No References



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### Exhibit 1: Sample Email to Operational Lead Offering a Formal Debrief

## Sample Email to Operational Lead Offering a Formal Debrief

Good Morning/Afternoon [enter name],

As part of TGLN's commitment to support organ and tissue donation at [enter hospital name], I would like to offer my participation in a formal staff debrief about the recent organ donation case at your hospital, MRN# 123456, TGLN# 123456.

A debrief with all parties involved in the case, including hospital staff, physicians, and leadership will provide attendees with an opportunity to review the case, celebrate successes, address concerns, and identify any opportunities if applicable.

Please let me know if this is something you are interested in pursuing.

Thank you.

Hospital Programs Manager/Director



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### **Exhibit 2: Case Debrief Form**

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Trillium CSF-9-135 Gift of Life Network		CSF-9-135	Trillium Gift of Life Network	CSF-9-135
Case Debrief	Form		Debrief Findings:	
Debrief/Case Demographics:			List a brief summary of the events:	
Hospital Name:	Date:	<u>Time</u> :		
Facilitator:	<u> </u>	<u> </u>		
Name, Title, Organization				
TGLN# MRN#			Celebrate the successes:	
□ NDD □ DCD Organ Outcome:	□ DCD Organ Outcome:			
Participant List:				
Name/Designation	1	Unit	Identify challenges and opportunities for improvement:	
			Document lessons learned:	
			Action Items:	
			Action Required	Person Responsible
December 13, 2016			December 13, 2016	