

Clinical Process Instruction Manual

Donation Support Process Instruction

Policy:

The Ontario Health (Trillium Gift of Life Network [TGLN]) Provincial Resource Centre (PRC) is available 24 hours a day, 7 days a week for incoming organ and tissue donation referral calls. Timely referral and early response is a critical step to the donation process.

Timely referrals facilitate TGLN's mission to enable every eligible person to donate organs and/or tissues at end-of-life. Furthermore, it increases TGLN visibility, promotes effective medical management and builds relationships with hospital staff. On-site support ensures the option of organ donation is offered as part of end-of-life care. On-site support may be required to support tissue donation in certain circumstances.

At the time of referral, TGLN will record clinical triggers and, if appropriate, arrange to have an Organ and Tissue Donation Coordinator (OTDC) or Clinical Responder (CR) respond on-site to provide their expertise on organ and tissue donation. The OTDC, Referral Triage Coordinator (RTC) and/or Clinical Services Coordinator (CSC) will answer any questions and determine preliminary donation options.

Process:

1. When a referral call is received, the PRC Coordinator initially screens the call to determine if the individual is a potential organ or tissue donor, using pre-established key messages (See *Ontario Organ or Combined Organ and Tissue Donation Process Instruction, CPI-9-100* and *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*).

For referral calls from the CritiCall operator, the PRC Coordinator follows the process outlined in *Ontario Organ or Combined Organ and Tissue Donation Process Instruction, CPI-9-100*.

2. If the referral is determined to be a potential tissue donor, the Tissue Coordinator (TC) provides telephone support to the Health Care Professional (HCP) throughout the donation process. On-site or phone support from the OTDC, CR or Manager On-Call (MOC) will not be utilized unless issues arise necessitating extra support.
3. In the rare event that on-site support is determined to be necessary for a tissue donation, the TC contacts the OTDC or CR and asks him/her to go on-site.

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4. If the referral is determined to be a potential organ donor, the RTC/CSC assigns and contacts the appropriate on-call OTDC or CR and indicates that on-site presence is required. On-site support is required when any of the following apply:
 - The patient is being tested for determination of neurological death
 - A withdrawal of life sustaining measures (WLSM) decision has been made
If the HCP making the referral indicates that WLSM has already started, the RTC/CSC will assess suitability for an approach as per Appendix 1: *Imminent WLSM Referral Assessment & Guidance* algorithm.
 - Family or patient has asked to speak to someone about donation
 - There is a planned family/patient meeting where withdrawal of life sustaining measures may be discussed
 - The hospital requests onsite support for a planned meeting with family/patient

If an HCP requests on-site support outside of the above parameters, the RTC/CSC will call the MOC to discuss assigning an OTDC or CR to contact the HCP to make a plan for support.
5. When one of the above criteria for onsite support are met, the RTC/CSC provides sufficient and relevant information to the assigned OTDC or CR. This includes information from the potential donor chart, as well as other relevant details, including whether any previous on-site support has been provided.
6. If a withdrawal of life sustaining measures decision is pending or has been made, the OTDC or CR will explore the following details in order to determine whether a telephone approach is required. Onsite support will be given priority over telephone support when a registered consent decision (RCD) of transplant exists.
 - When is the withdrawal of life sustaining measures planned for?
 - Is family currently onsite?
 - If family has left the hospital, when did they leave the hospital?
7. The OTDC or CR assigned for follow-up will establish a plan for support and will communicate the plan to the referring HCP. The OTDC or CR will document the plan for support this in the Clinical Notes of the Donor Management System. The OTDC or CR will ensure that the RTC/CSC is advised of plan by direct email or telephone.
8. In the event that an in-person family/patient approach by the OTDC or CR is not possible, the *Telephone Approach Triage Tool* (TATT) may be used to determine the most appropriate

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individual to obtain consent. The RTC/CSC contacts the individual identified by the tool to inform them that a telephone approach is needed.

9. Prior to any approach, the OTDC or CR reviews the patient's registered donation preference, if available.
10. If applicable, the RTC/CSC informs the caller that, *"A TGLN Coordinator will come to the hospital to support the healthcare team, answer any questions, and determine preliminary donation options to help the team with the plan of care"*.
11. The RTC/CSC requests that the referring HCP ensure the following individuals are aware that the referral has been made prior to the arrival of the on-site Coordinator:
 - bedside nursing staff
 - Most Responsible Physician (MRP)
 - senior covering house staff physician, if applicable
12. In the event that the caller is unreceptive to TGLN on-site support, the RTC/CSC uses key messaging to inform caller that on-site support is leading practice and good quality end-of-life care. The RTC/CSC uses established statements such as, *"This is what we do"* and *"Healthcare professionals have reported it is helpful to have TGLN on-site"*. In the event that the caller continues to refuse on-site support, the RTC/CSC records this information in the clinical notes including the name and the position of the caller.
 - If the referral takes place during business hours and on-site support is not being immediately assigned as outlined above, the RTC/CSC contacts the OTDC for the hospital and notifies him/her of the referral.
13. If a referral takes place outside of business hours, and on-site support is requested/required first thing the following day, the RTC/CSC will leave a message (either via e-mail or telephone) with the appropriate OTDC or CR to make them aware of the request.
14. If immediate follow-up is required, the RTC/CSC contacts the on-call OTDC or CR by telephone.
15. The RTC/CSC instructs the caller to contact the PRC immediately when the patient's condition changes, or the family/patient requests to speak to someone about donation.
16. For referrals where on-site support will be assigned at the time of the call, the RTC/CSC develops a plan for communication until an OTDC or CR can arrive on-site.

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17. The RTC/CSC informs the caller that they can assist in the interim to preserve the option of donation by maintaining the patient's hemodynamic stability and to call back in the event that there is a change in the patient's status.
18. The OTDC or CR contacts the hospital and provides the caller with their estimated time of arrival. A realistic response time should be given.
19. In the situation that the family/patient cannot wait until the OTDC or CR can arrive on site, the RTC/CSC arranges for an OTDC or CR to speak to the family/patient over the phone.
20. The OTDC or CR notifies the PRC once they arrive on site.
21. In the event that the case does not immediately move to donation, the OTDC or CR documents this in the clinical notes and notifies the PRC by phone or direct email.

Records:

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

References:

- *Ontario Organ or Combined Organ and Tissue Donation Process Instruction, CPI-9-100*
- *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*

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Appendix 1: Imminent WLSM Referral Assessment and Guidance Algorithm

