

Coordination and communication in the organ donation process

Recommendations for the topic of
procedure for the coordination of the organ donation
process and communication within the team

Module — 5

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1.0

Summary

These practical recommendations provide a brief summary of the coordination process used for dealing with an organ donor: from identification to caring for the donor's body after the procurement surgery. All processes must of course be perfectly coordinated, but in addition to that, good communication between the involved persons must be ensured.

This Module will also provide an overview of the following:

- The interfaces between the multidisciplinary medical professionals / teams working together as part of the process
- The individual work steps, including tasks and responsibilities
- The necessary information for each step in the process, and what information needs to be transmitted for each step
- The various briefings in which conversations take place

The recommendations are intended for use by medical professionals involved in the organ donation process. They are intended to facilitate a smooth organ donation process and they can be used in any hospital.

With regard to specific aspects of DCD donation (taking care of relatives, withdrawal of treatment, procurement), please refer to Module 9.

Only the titles of the chapters / sections about taking care of relatives are mentioned in this current Module. Therefore, for this aspect, please refer to the individual steps for taking care of relatives during organ procurement coordination. With regard to the content-related aspects of taking care of relatives, please refer to Module 2: "Taking care of next of kin and communication".

The organ procurement coordinators play a central role in the donation process. They function as a point of contact for all persons involved in the process, whether inside or outside the hospital. They are responsible for ensuring that information flows properly and that the entire process progresses smoothly. All information, queries and scheduling arrangements go through them. The organ procurement coordinator also supports the physicians, nurses and other medical professionals in completing their tasks and advises them.

2.0

Procedure

Intensive care unit

2.1 Identification and reporting of a donor

For information about this, please refer to the Swiss Donation Pathway, Module 1: "Donor recognition". The Swiss Transplantation Act, which came into force on 1 July 2007, states that every hospital with an intensive care unit is obliged to identify and report potential donors (Transplantation Ordinance, Article 45).

In some organ donation networks, it is customary for the organ procurement coordinator of the central hospital to travel to the donor detection hospital. In such cases, Swisstransplant bears the coordinator's travel costs and the costs for transporting the blood samples from the donor detection hospital to the reference hospital (typing and determination of serology at the central hospital).

For information regarding this, please refer to the Swiss Donation Pathway, Module 8: "Transport Organization".

Medical professionals involved

- Organ procurement coordinator
- Attending intensive care physician
- National Allocation Office
- Medical advisor

2.2 Discussion involving the coordinator, the attending physicians and nursing staff

The attending intensive care physicians, the nursing staff of the intensive care unit and the organ procurement coordinator work together closely on the evaluation of a potential donor. With the support of the intensive care physician, the organ procurement coordinator gains an overview of the donor's medical situation. Important aspects of this include:

- The brain death record has been filled out correctly and signed
- In the case of death from unnatural causes, the release from the public prosecutor is available
- Discussion of the current clinical situation (haemodynamics), treatment adjustments and, if appropriate, additional monitoring
- Discussion of reason for admission, cause of death (natural or unnatural), medical course during hospitalization
- Checking the medical and social history of the donor (if required, contact the general practitioner or gather information from the relatives), as well as lifestyle with regard to

- nicotine, alcohol and other medical risk factors
- Absolute contraindications have been ruled out
- The deceased person's consent to organ donation is available or their presumed consent has been given via the relatives

Medical professionals involved

- Organ procurement coordinator
- Attending intensive care physician
- Attending nursing staff
- Optional: caregiver, chaplain or other specialist support services

Objectives

- All medical professionals involved know what their roles and tasks are in the process.
- It is clear how the process will proceed, and provisional planning of the process has taken place
- All involved parties are aware of all relevant aspects of the donation (e.g. the wishes of the deceased person or of the relatives regarding organ donation; unnatural or unusual death)

2.3 Informing the relatives

(For information about this, please refer to the Swiss Donation Pathway, Module 2: "Taking care of next of kin and communication", Module 9: "Identification, reporting and treatment of a DCD donor")

In this conversation, the following topics are covered:

- National Organ Donor Register has been checked
- Lifestyle, medical history, risk factors
- Donation process, organ procurement
- Time required for evaluation, allocation and surgery
- Contact person after organ procurement
- Wish to say goodbye after procurement
- Possibility of tissue donation (if this has not already been covered by the intensive care physician)

Medical professionals involved

- Organ procurement coordinator
- Possibly responsible nursing staff member and physician

Objectifs

- The relatives' questions have been answered and they feel well informed
- The medical history has been completed
- Everyone is aware of how things will proceed and how long things will take
- A conversation with the family has taken place regarding how they will be informed after procurement and about saying goodbye before and/or after procurement
- The questions about tissue donation/research have been answered
- The consent form has been signed

2.4 Examinations to be carried out in the donor and entry in the SOAS

The organ procurement coordinator informs the responsible laboratories (microbiology, virology and tissue typing) and the radiology / cardiology / pulmonology department about the examinations that are to be carried out. If necessary, the organ procurement coordinator also organizes the transportation of blood samples to the responsible reference laboratory together with the national coordinator.

With the help of the attending physician, the organ procurement coordinator organizes the examinations required for organ evaluation.

The examinations (laboratory tests and imaging) should be arranged as quickly as possible to avoid delays!

The following examinations are required:

- Blood and urine tests as requested in the donor information form (DIF) (and at the same time blood sampling for the specific laboratory tests), HLA, viral serology, sending to reference hospital if required
- Plus, in the case of tissue procurement: PCR HCV, HIV-1 antigen p24 – in most centres, this is arranged by the person responsible for the tissue donation. The costs should either be covered by the tissue bank or the invoice for this should be passed on to the tissue bank.
- Blood gas analyses as requested in the DIF with FiO₂ 100%; PEEP 5 (if possible, given the pulmonary situation)
- Bacteriology tests in accordance with the patient's history (blood, urine, sputum)
- Ultrasound examination or CT of the abdominal organs (abdominal evaluation form)
- Current 12-lead ECG and echocardiogram (heart evaluation form) (in the case of risk factors, in consultation with SWT Medical Advisor for coronary angiography)

WARNING: do not carry out an echocardiogram immediately after brain death

- Current chest X-ray with findings, bronchoscopy if appropriate (upon request)
- Current chest CT (see STALU criteria in the annex)

All data, examination results, laboratory test results and other information is entered in the DIF in the SOAS.

The SOAS is an online system in which all donor information is entered. When the organ procurement coordinator enters a donor in the SOAS, the system automatically generates a Swisstransplant donor number (ST number). This number identifies the donor and acts as a reference (pseudonym) for all correspondence.

Only when all of the relevant information required for the allocation of the organs is available can the allocation begin. It is also crucial for the DIF to be filled in completely and that the

HLA and serology findings are available (also as attachments). All fields marked with an "A" are compulsory and must be completed. **The original findings, blood group card, HLA typing, viral serology and the brain death record are labelled with the ST number / name and date of birth of the donor and are attached in the SOAS as a PDF.**

The following must be uploaded to Nexus (the image transmission system of SWT) prior to the start of allocation: current X-ray images, CT images, sonograms and coronary angiograms. The written examination findings are attached as a PDF file in the SOAS once they are received. Any other examinations and tests are carried out by Swisstransplant at the request of potential transplantation hospitals.

Medical professionals involved

- Attending intensive care physician
- Attending nursing staff
- Responsible disciplines (radiology, laboratory testing etc.)
- Swisstransplant National Transplant Coordination
- Medical Advisor Swisstransplant

Objectifs

- All of the required results have been gathered, entered into the SOAS and attached as a PDF file in the SOAS
- The DIF has been filled in completely
- The available imaging has been uploaded to Nexus

2.5 Allocation of the organs

Once all of the required data on the donor has been entered into the SOAS completely, Swisstransplant National Transplant Coordination checks all of the data entries and attachments (quality check) and then calculates the priority ranking for the released organs in the SOAS. Once the donor is released by the Swisstransplant medical advisor, the allocation of organs in accordance with the priority list begins. The priority list is calculated in accordance with the allocation criteria of the Organ Allocation Ordinance (OZV) and the OZV of the FDHA (link: www.bag.admin.ch/bag/de/home/gesetze-und-bewilligungen/gesetzgebung/gesetzgebung-mensch-gesundheit/gesetzgebung-transplantationsmedizin.html). This process (the allocation of organs) takes 9 hours plus/minus 5.5 hours on average. Tissues are not allocated by Swisstransplant; however, procured tissues must nevertheless be recorded in the SOAS.

The organ procurement coordinator carries out regular checks on vital signs and blood values throughout the clarification and allocation process. (With regard to the frequency of checks and other details, see Modules 3 and 4).

The organ procurement coordinator has agreed with the attending intensive care physician and the nursing staff that the organ procurement coordinator will be kept informed about any change in the donor's condition.

Medical professionals involved

- National transplant coordinator
- Medical Advisor Swisstransplant
- Transplant coordinator
- Organ procurement coordinator

Objectifs

- The released organs are either allocated or rejected by all centres

Operating theatre and procurement

2.6 Reporting of the donor in the operating theatre

The planning of organ procurement is logistically challenging. There is a certain lead time on both the donor and recipient sides. That is to say that surgical and personnel resources must be available, and all involved parties must be consulted, which takes time:

- Recipient hospital (surgical team, anaesthesiology department, procurement surgeons, arrival of recipient, preparation of the recipient etc.)
- Organ procurement hospital (surgical team, anaesthesiology department, procurement surgeons, operating theatre, intensive care unit, relatives etc.)
- Swisstransplant (transport options for external teams)

Planning of organ procurement

Anaesthesia	See Module 6: "Guidelines for anaesthetic organ protection during organ procurement from adult donation after brain death (DBD) donors"	Anaesthesiology staff
Preparation of the recipient	See Module 10: "Recipient" Brief description	Transplant coordinator
Preparation for surgical procurement	See Module 7: "Organ and tissue procurement from dbd donors" See Module 9: "Identification, reporting and treatment of a DCD donor"	Surgical staff

Transport	See Module 8: "Transport Organization" What mode of transport and how much time for the journey there and back? Number of persons and materials? Traffic conditions (weather, congestion etc.)	National coordinator AAA Transplant coordinator
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Surgery

If the donor's condition is unstable, the multi-organ procurement should be planned as soon as possible, or notification of an emergency multi-organ procurement should be submitted. SWT should be informed immediately in such cases.

Transfer to the operating theatre	The intensive care staff, the anaesthesiology staff and the organ procurement coordinator (if appropriate) accompany the donor from the intensive care unit to the operating theatre. The surgical team prepares everything so that the multi-organ procurement can start punctually.	Anaesthesiologist and nursing staff Organ procurement coordinator Team for positioning and care of the donor's body
Full documentation goes to the operating theatre	The donor's imaging has been called up in the operating theatre. Organ donation documents (brain death record, consent form etc.)	Organ procurement coordinator Intensive care staff Surgical staff

Objectives:

- The donor is in the operating theatre at the agreed time with all documentation complete
- The donor has been prepared and positioned by the anaesthesiology staff and is ready for the procurement surgery
- The operating theatre staff has the required instruments and work materials ready for the procurement
- The multi-organ procurement has begun promptly

Organ procurement / communication / information

See Module 7: Procurement, SOP, Multi-Organ Retrieval DBD / DCD from STAPT 2018

Donor	<p>If further examinations are planned to take place during the surgery, do they need to be organized in advance if possible (e.g. biopsy, fast-track biopsy, bronchoscopy)?</p> <p>Is any special equipment or technical assistance required (e.g. perfusion machines)?</p>	<p>Anaesthesiology staff</p> <p>Organ procurement coordinator</p>
Identification before starting procurement (time out)	<ul style="list-style-type: none"> – Identification of the donor: last name, first name, date of birth, wristband, patient file, ST number? – Checking the brain death record and consent to donation – Planned organ procurement – Introduction of all involved parties and their roles in the multi-organ procurement – Relevant imaging on hand? – Any critical events that could be anticipated? – Is the donor's circulation stable? – Checking proper positioning / covering of the donor – Required materials for anaesthesia, instruments, perfusion solutions, special materials – Agreement of the entire team (time out) 	<p>Organ procurement coordinator</p> <p>Anaesthesiology staff</p> <p>Surgical teams</p> <p>Surgical staff</p>
Special considerations	<ul style="list-style-type: none"> – Blood sampling for external teams – In the case of lung procurement: continue ventilation after cross-clamp – Details of surgery / special considerations <ul style="list-style-type: none"> – Split liver procedure: in situ / ex situ, duration of procurement – Pancreas: entire organ / islet cells – Small intestine procurement – Planned tissue procurement – Separation of the blood vessels in the case of procurement of heart and lung and in the case of procurement of liver and pancreas – Administration of heparin, antibiotics etc. 	<p>Organ procurement coordinator</p> <p>Anaesthesiology staff</p> <p>Surgical staff</p> <p>Surgical teams</p>

Organ procurement	<ul style="list-style-type: none"> – Which organs are to be procured (are they for transplantation or research)? – Which teams will carry out the procurement (e.g. foreign teams)? – In what order will the teams work (with regard to the standardized process, see Swiss Donation Pathway, Module 7)? <ul style="list-style-type: none"> – Preparation for surgery – Laparotomy and sternotomy 	Organ procurement coordinator Surgical teams
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Placement of cannulae and perfusion

- Monitoring and checking of correct organ perfusion
 - Informing SWT in the case of x-clamp
 - Upon request, the organ procurement coordinator will pass on the procurement surgeons' initial, macroscopic impression to the recipient centres

Objectives:

The donor has been identified, a time out has been completed and all responsibilities are clear. All involved parties know the process that will be used for organ procurement and its extent (which organs and tissues will be procured).

Warning: Swisstransplant National Transplant Coordination must be informed immediately if a centre rejects an organ during the surgery. (In this case, the national coordinator will inform the Swisstransplant medical advisor, who will decide whether the organ should be allocated again.) The team that is present waits in the operating theatre until the decision is made and procures the organ if required.

See the SOP for "Organ refusal in operating room":

- Swisstransplant National Transplant Coordination must be informed immediately about intra-operative biopsy results. The written findings are added to the SOAS as soon as possible
- Any problems that could affect the subsequent transplantation or the function of the organs must be reported immediately

Organ packing, documentation and transport (see Module 7: "Organ and tissue procurement from DBD donors" / Module 8: "Transport Organization" / Module 9: "Identification, reporting and treatment of a DCD donor" / Guide to quality and safety assurance of organs for transplantation, Chapter 11: Organ procurement, preservation and transportation, 7th edition, 2018, User manual graft box (organ packing))

Packing	<ul style="list-style-type: none"> – Completion of the organ procurement record "Procurement report" – Taking a blood vial for each organ – Programming of the data in LifePort – Monitoring and checking of correct organ perfusion – Correct packing and labelling of the organs, including perfusion machines 	Organ procurement coordinator Surgical teams
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Objectives

All transplantable organs and tissues have been procured.

The organs and tissues have been packed in accordance with national guidelines and have been sent to the transplant centres together with the required test materials / documentation.

2.7 Ending the procurement process

At the end of the procurement, the abdominal team carries out wound closure.

The organ procurement coordinator remains on site until the end of the procurement surgery and then assists in the care of the donor's body.

If the donor has died an unnatural or unusual death and the public prosecutor has ordered a forensic examination, all lines, ports and catheters must be left in place. Under normal circumstances, the organ procurement coordinator is responsible for ensuring that all lines are removed. They also ensure that the undertaker is informed.

A wristband or a foot tag is put on the donor's body for identification purposes.

The surgical wounds and exit points of the catheters / cannulae are dressed, the deceased person is washed, dressed in a hospital gown and covered with a sheet. The donor's body is then put in an appropriate place in accordance with the relatives' wishes (in the pathology department or, if the relatives want to say goodbye, the laying-out room).

- The organ procurement coordinator ensures that organs, blood samples, tissue samples and the relevant documents are transported to the recipient hospital and that all relevant information is reported to the National Allocation Office and the responsible transplant centres.
- They also ensure that the tissue (e.g. the heart) is packed correctly and that it is transported to the relevant institutions (e.g. EHB/Brussels) along with the necessary information (blood, documentation).

The organ procurement coordinator is available to the teams for defusing / debriefing.

Medical professionals involved

- Organ procurement coordinator
- All involved persons in the operating theatre
- Team for positioning and care of the donor's body

Objectives

- The integrity of the donor's body has been restored (wound closure, removal of cannulae if no forensic examination is required, washing of the donor's body)

After procurement

2.8 Contacting relatives

More in-depth information about this can be found in the Swiss Donation Pathway, Module 2: "Taking care of next of kin and communication"

After the procurement surgery, the relatives are informed about the completion of the surgery in accordance with their wishes. This can be done by telephone or in person if the family wish to say goodbye in the laying-out room or the intensive care unit afterwards. In any case, the manner of doing this should be arranged with them in advance. The organ procurement coordinator ensures that the relatives are able to carry out any desired religious rituals and that any special wishes (e.g. accessories) are fulfilled. They also bring in the chaplain if required.

They inform the relatives that they can ask them (the organ procurement coordinator) questions at any time.

After the relatives have said goodbye, the organ procurement coordinator informs the undertaker.

If the public prosecutor has ordered a forensic autopsy, the organ procurement coordinator informs them once the surgery has ended via the federal police. The public prosecutor organizes the transport of the donor's body to the forensic institute.

Objectives

- The relatives have been informed about the end of the surgery and about the organs procured
- The relatives have been able to say goodbye to the deceased person in the way they wanted to
- The public prosecutor has been informed post-operatively via the federal police

Parties involved

- Organ procurement coordinator
- Chaplaincy
- Public prosecutor / police

2.9 Administrative tasks to take place after coordination

- Creation of a donor file
- All original documents remain at the donor hospital and are stored in the organ donor's file. All documents must be kept for 20 years in accordance with the Swiss Transplantation Act
- The donor documentation is carried out in accordance with local standards
- In the case of deviation from the process, an incident is recorded in SLIDS
- The final results for viral serology, pathology etc., are sent to the National Allocation Office (by fax or scanned as a PDF and attached in the SOAS)

Objectives

- A donor file has been created and the organ donation has been documented in accordance with the local standards
- Any deviations from the standard process have been recorded in SLIDS
- The DIF and the SOAS have been completed with the outstanding final results

Parties involved

- Organ procurement coordinator
- Hospital administration
- Swisstransplant National Transplant Coordination

2.10 Feedback and follow-up for relatives

For information about this, please refer to the Swiss Donation Pathway, Module 2: "Taking care of relatives and communication".

2.11 Feedback for the medical professionals involved

Swisstransplant National Transplant Coordination

Swisstransplant informs the organ procurement coordinator about the condition of the recipient of the transplant via a thank-you letter (three-day follow-up).

Swisstransplant sends a thank-you letter for the medical professionals to the organ procurement coordinator.

Organ procurement coordinator

The organ procurement coordinator forwards the thank-you letter from Swisstransplant to the medical professionals who were involved (intensive care unit, operating theatre, anaesthesiology). Ideally, the coordinator brings the thank-you letter to the various departments in person and is available to answer any further questions (e.g. regarding the progress of the transplantations).

If the death was particularly tragic, or in the case of a child donor or a difficult family situation, or if the process was difficult, or if there are any other similar issues and the staff or the relatives therefore want a debriefing, the organ procurement coordinator should facilitate this.

Objectives

- The thank-you letter from Swisstransplant has been forwarded to the involved persons
- The medical professionals involved feel adequately informed

Parties involved

- Swisstransplant National Transplant Coordination
- Organ procurement coordinator
- Intensive care physicians and nursing staff, anaesthesiology department
- Surgical staff
- Chaplaincy if required

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References

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2. Medical ethical guidelines and recommendations of the Swiss Academy of Medical Sciences (SAMS) for the determination of death in the context of organ donation. (24 May 2017)
3. Swiss Donation Pathway, Modules 2, 3, 4, 7, 8, 9
4. Guide to quality and safety assurance of organs for transplantation, Chapter 6: Deceased donor and organ characterization, 2016, p. 84 – 107
5. Guide to quality and safety assurance of organs for transplantation, Chapter 11: Organ procurement, preservation and transportation, 2016, p. 220 – 228

Changes

Date	Version	Changes
February 2023	2.1	Corrections
December 2020	2.0	Revision and fusion with Module 7, new number: Module 5
March 2018	1.2	New logo
May 2014	1.1	Layout
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