

# Consensus Recommendations from ‘National Workshop of Transplant Coordinators’ India Habitat Centre, Feb 28-March 2, 2013

## Participating Stakeholders

The Transplantation Society, Representative from WHO, Representative from TPM- Spain, Indian Society of Nephrology, Indian Society of Transplantation, MOHAN Foundation, Senior Consultants in the field of Transplantation, Transplant Co-ordinators from across the country attending the workshop.

The two and half day workshop deliberated on various aspects of deceased donation and came out with this consensus document of recommendations for the expansion of deceased donation and ethical propriety in living organ transplantation. It was unanimously resolved that the solution to organ shortage and achievement of self-sufficiency in organ donation for all states in India is possible only through systematic strengthening of the deceased donor program.

The following recommendations can be implemented only through the good offices of the DGHS and would go a long way in achieving the above objective:

- Health secretaries/Directors from all states to participate in a meeting to discuss the way forward for deceased donation program
- Propagation of the deceased donation pathway (enclosed) and brain death audits in all ICUs in hospitals registered as transplant/retrieval centers.
- Deceased organ donation performance of the hospital to be reviewed annually.
- Continuation of living donor transplant program should be contingent to meeting with certain performance measures for deceased donation.
- All hospitals with >10 ICU beds should have a Hospital Organ Donation Committee that would review the brain death audits.
- All hospitals with >10 ICU beds should mandatorily require intensivists to participate in continuing medical education or certification course in the determination of brain deaths and referrals to the Transplant Coordinator.
- All hospitals should provide free access for the Transplant Coordinators to ICU's under the direction of the Hospital Organ Donation Committee.
- Uniform standard operating procedures for brain death determination, post mortem and police clearance should be issued for guidance to all hospitals.
- To reiterate to all hospitals to comply with the Required Request clause in the amended THOTA.
- There should be a mandatory national/regional registry of all living and deceased donors
- For tissues, a system of traceability, expiration and quality control should be mandated
- There should be a certification authority for tissue banks
- There should be short and long term courses for Hospital staff and Medical Social Workers recognized by the MOHFW for training and certification of Transplant Coordinators.
- A protocol of organ donation by the experience of the MOHAN Foundation activity is also appended that could be used as a reference guide in the implementation of these recommendations (Appendix 2).

## Acronyms

ICU- Intensive Care Units

THOTA – Transplantation of Human Organ and Tissues Act

MOHFW – Ministry of Health and Family Welfare

## Acknowledgements

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## A proposed set of Standard Operating Procedures

### Purpose

The purpose of this document is to lay the Standard Operating Procedures and Guidelines for successfully carrying out a Deceased Organ Donation and Transplantation Program within a hospital that is licensed for Organ Retrieval and/or Transplantation. They have been developed by the MOHAN Foundation and are being used in many hospitals. The objective of this document is to embed procedures and systems in the hospital, thereby creating a conducive environment for deceased donation and transplantation program based on the guidelines laid out by the “Transplantation of Human Organ Act, 1994” along with its recent amendments. Hospitals can either adopt these procedures or change them according to their local requirements.

### Framework for devising the Standard Operating Procedure

- I) A formal policy document on Deceased Donation (DD) and transplantation should be part of the overall policy of the hospital management team. The policy should also contain statements related to:
- Ethical guidelines for both living and DD organ donation and transplantation program.
  - There should be no coercion/ exploitation of the poor donating organs for rich.
  - Organs harvested should be shared with other hospitals in the community.
  - The costs of the transplantation should be displayed on its website.
- II) Formation of Organ Donation and Transplant Committee (ODTC) in the hospital with following members
- Representative of the hospital management
  - Medical Director / Medical Superintendent
  - Head of Anesthesiology / Intensive care
  - Head of Neurosurgery
  - Head of Neurology
  - Forensic Medicine Representative
  - Department of Psychiatry Representative
  - Head of Transplant Nephrology
  - Head of Transplant Urology
  - Head of Liver Transplant
  - Head of Cardiology
  - Head of Cardio Thoracic Surgery
  - Head of Nursing from ICU, ER, Trauma, Neuro
  - Nursing Superintendent
  - HR Manager
  - Transplant Coordinator (TC) of the hospital
  - Representative of NGO active in the field (e.g. MOHAN Foundation)

The committee will meet every three months to formulate and review action plan to promote organ donation in the hospital and in the community and look at the progress made. They will meet to assess the –

- Number of Brain deaths in their ICU
- Number of patients who were potential donors
- Percentage of patients with brain death where families were approached to donate organs
- Percentage of patient with brain death where families gave consent for donation
- Number of utilized organs
- Donor family satisfaction and follow up
- Satisfaction of involved medical personals and difficulties encountered and possible solutions

During the first meeting of the hospital’s Organ Donation and Transplant Committee, it will make an action plan to implement the process it needs to follow to convert a potential donor to actual donor.

III) Proposed ‘Donor Action Plan’ that includes:

- Identification & Maintenance of brain death
- Certification of brain death
- Harvesting of Organs
- Sharing and Distribution of Organs
- Related activities to promote organ donation within the hospital and in the community

## Identification & Maintenance of a Brain Dead Patient

1. Identify a potential donor with GCS 5 or under Once identified ( either by intensivist/ Neuro physician/neurosurgeon inform the ICU head & Chairman of Organ Donation and Transplant Committee  
**Person responsible:** TC
2. Any sedatives, muscle relaxants, narcotics should be stopped immediately  
**Person responsible:** ICU Staff/Attending nurse
3. Inform the Deceased Donation Program Team  
Person responsible: TC
4. Co-ordinate for the diagnosis of brain death  
**Person responsible:** TC intimates the Brain Death committee
5. Donor Management Protocols to be initiated  
**Person responsible:** ICU Head/ Staff
6. Co-ordinate with kidney/ liver/heart/ other organs/corneas transplant co-ordinators or department heads  
**Person responsible:** TC
7. Support Donor family and inform them of the patient's critical state  
**Person responsible:** Treating physician/ TC/ Counsellor
8. Evaluate the deceased's family wish to donate organs only preliminarily  
**Person responsible:** Treating physician/ICU Head/ TC

## Brain Death tests and Declaration

### *First Set of tests*

1. First set of brain death tests done and documented on form no 8  
**Person responsible:** Empanelled member from the Brain Death Committee
2. Inform & support donor family and obtain consent officially on form no 6 / form 9 (in case of a minor)  
**Person responsible:** TC
3. Coordinate with transplant teams to do organ specific tests and monitor the donor continuously. Appropriate Donor Resuscitation and management to avoid complication of brain death  
**Person responsible:** TC
4. Blood Samples to be taken for kidney and other organs that require tissue cross match  
**Person responsible:** Each Department Staff (Renal, Liver, Heart)
5. Blood bank to be informed : blood group and donor screening to rule out hepatitis A & B and HIV  
**Person responsible:** TC
6. Sensitize and support the donor family throughout.  
**Person responsible:** TC

### *Second Set of tests*

7. Second set of brain stem death tests conducted at an interval of (minimum) 6 hours ( 12 hrs for pediatric patients) and documented on form no 8  
**Person responsible:** Empanelled member from the Brain Death Committee
8. Form duly signed by the treating physician, neurophysician/neurosurgeon, and specialist from brain death committee and countersigned by the head of the institution.  
**Person responsible:** TC to co-ordinate signatures on all forms
9. Organ donation consent (form no 6/form no 9 in case of a minor) to be obtained from the NOK and countersigned from other family members as witnesses.  
**Person responsible:** TC to co-ordinate signatures on all forms

### **In case of a Medico- Legal case (MLC):**

10. Investigating officer (police) to hand over the inquest (use forms I & II as designed by Tamil Nadu) form 8 & 6 to the forensic expert who will then sign the organ retrieval authorization form (III)
11. Coordinate with the transplant teams for a matching recipient. In case of absence of a matching recipient, co-ordinate with heads of transplants from other hospital, after obtaining due consent from the convener of the committee.
12. Shift the donor to the OT for organ retrieval  
**Person responsible:** TC

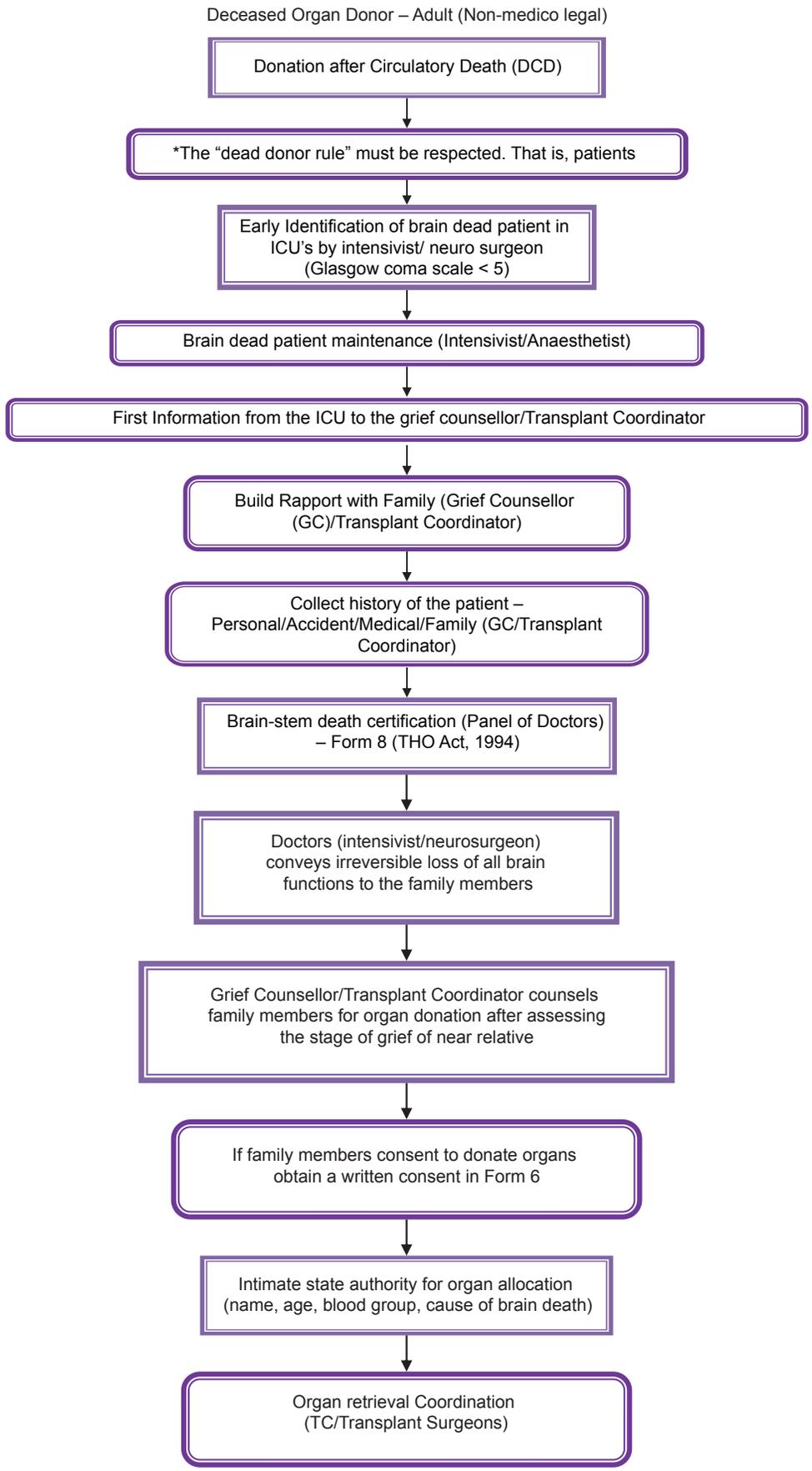
## Harvesting of Organs

1. Coordinate with OR, harvesting teams and anesthesiologists; coordinate with external harvesting teams  
**Person responsible:** TC

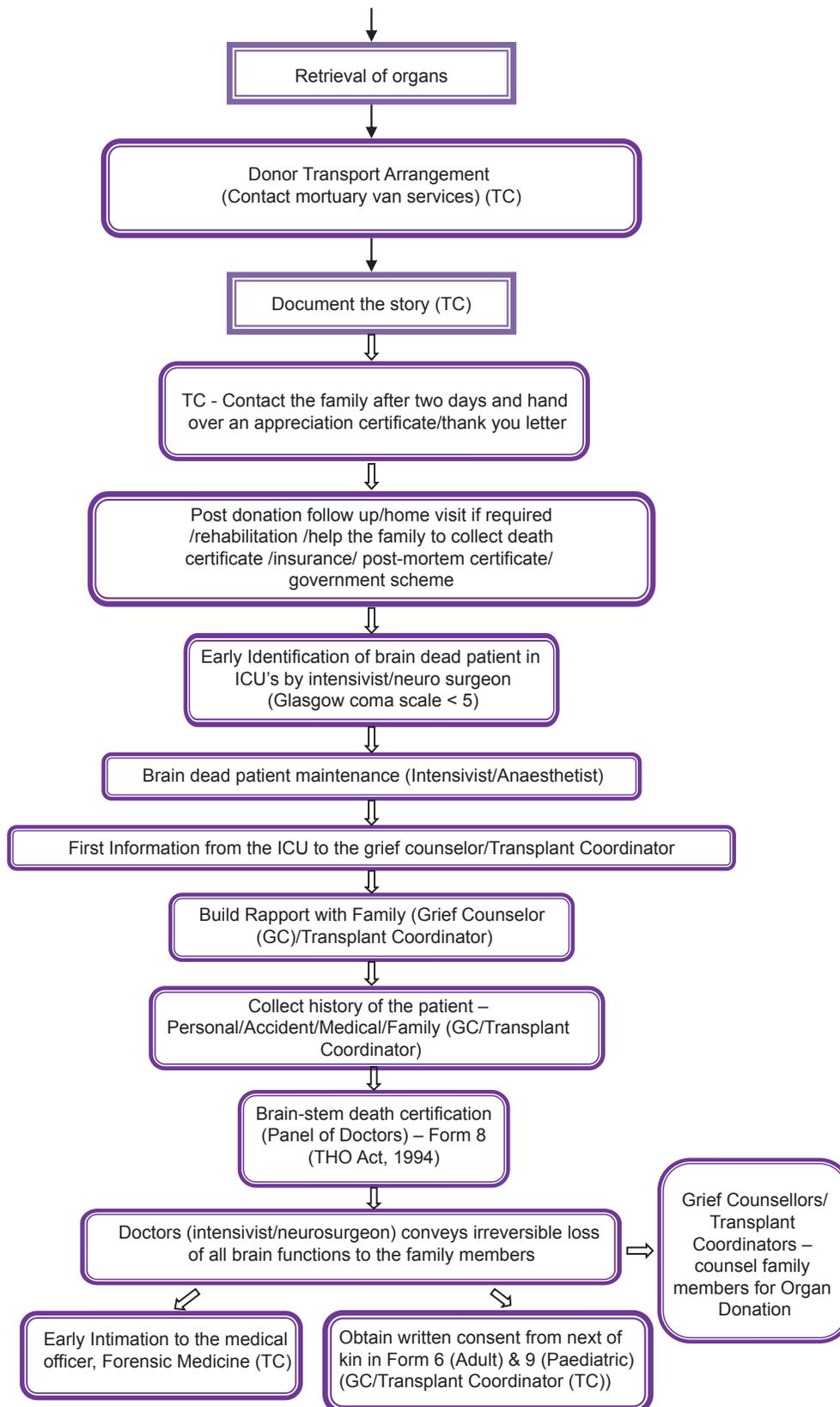
2. Coordinate with the ICU staff to prepare the death certificate and summary. Ensure that all the paperwork and logistics like clearing of the bills/ donor management charges/ambulance arrangement are completed on time  
**Person responsible:** TC
3. Keep family informed of the progress and provide constant support to the family  
**Person responsible:** TC
4. Coordinate billing/documents to smoothen the process of handing over  
**Person responsible:** TC
5. Organizing transport/handing over body respectfully to NOK  
**Person responsible:** TC

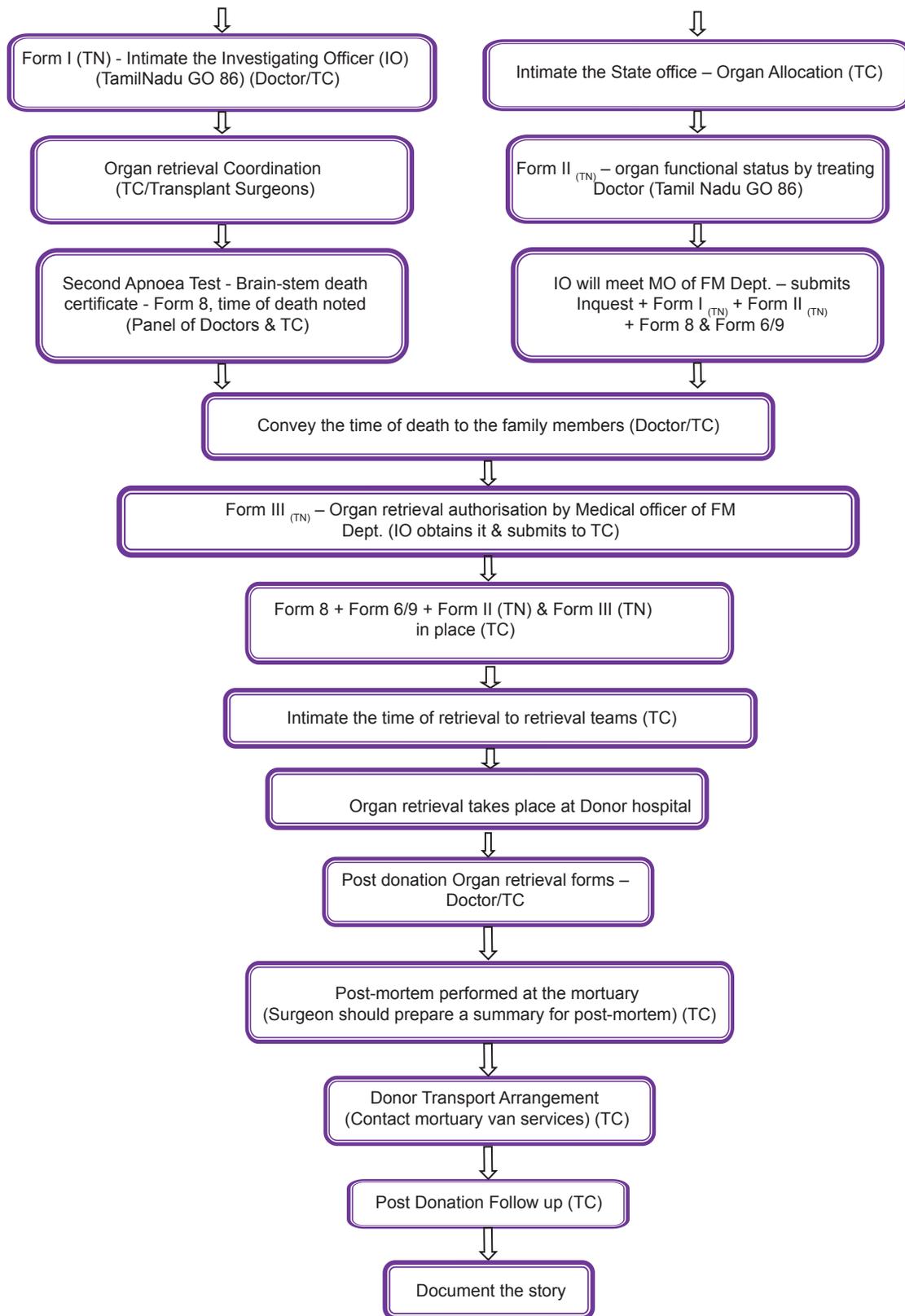
#### **Promoting the Deceased Organ Donation Program**

1. Create awareness for all personnel within the hospital  
**Person responsible:** HR manager and TC
2. Conduct awareness sessions to build a positive attitude towards organ donation and transplantation to the general population in the hospital vicinity and in areas around the hospital  
**Person responsible:** TC



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Deceased Organ Donor – Paediatric  
(Non-medico legal)

TC - Contact the family after two days and hand over an appreciation certificate/thank you letter

Post donation follow - up/home visit if required \rehabilitation/help the family to collect death

Early Identification of brain dead patient in ICU's by intensivist/ neuro surgeon (Glasgow coma scale < 3)

Brain dead patient maintenance (Intensivist/Anaesthetist)

First Information from the ICU to the grief counsellor/Transplant Coordinator

Build Rapport with Family (Grief Counsellor (GC)/Transplant Coordinator)

Collect history of the patient – Personal/Accident/Medical/Family (GC/Transplant Coordinator)

Brain-stem death certification (Panel of Doctors) – Form 8 (THO Act, 1994)

Doctors (intensivist/neurosurgeon) conveys irreversible loss of all brain functions to the family members

Grief Counsellor/Transplant Coordinator counsels family members for organ donation after assessing the stage of grief of near relative

If family members consent to donate organs obtain a written consent in Form 9

Intimate state authority for organ allocation (name, age, blood group, cause of brain death)

Organ retrieval Coordination (TC/Transplant Surgeons)

Retrieval of organs

Donor Transport Arrangement (Contact mortuary van services) (TC)

Document the story (TC)

