MANAGEMENT PROCESS DESCRIPTION MPD921/1.1

Handover between Specialist Nurses-Organ Donation

This Management Process Description replaces MPD921/1	**Copy Number**
	Effective **04/06/13**

Summary of Significant Changes

Updated for the microsite

Policy

It is vital that clinical and operational information is communicated during handover from one Specialist Nurse-Organ Donation (SN-OD) to another. This helps ensure the quality and safety of organs and/or tissue for transplantation and transfers the accountability and responsibility of the donation process between SN-ODs. The need for a comprehensive handover is essential in ensuring care continues seamlessly and safely.

Purpose

To provide guidance to the SN-OD on best practice in handing over the donation process at the donating hospital.

Responsibilities

Specialist Nurse – Organ Donation **Note: This MPD is to be utilised by a qualified and trained SN-OD. If the SN-OD is in training, this MPD is to be utilised under supervision.**	The SN-OD is responsible for working within the parameters of this MPD and to seek advice where required from the TM/RM/On-Call RM for additional support and guidance where required.
Team Manager (TM)	To support the SN-OD in the handover process as required.
Regional Manager (RM)	To support the SN-OD/TM in the handover process as required.
Administration Team	To undertake any duties handed over by the SN-OD to facilitate the donation process.

Definitions

Patient - This term refers to the donor/potential donor.

Patient's Family- For the purpose of this document "patients family" refers to the family, friends and significant others of the patient.

SN-OD – for the purposes of this document the terminology ''SN-OD'' will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST).

NORS- National Organ Retrieval Service - UK-wide network of dedicated organ retrieval teams to ensure timely, high quality organ removal from all deceased donors.

In this document the terms ' must' and ' should' are used in the following ways:

'Must' refers to an overriding duty or principle.

'**Should'** is used to provide an explanation of how you meet the overriding duty.

'Should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside the SN-OD's control that affect whether or how you can comply with the document.

Applicable Documents

MPD385-Good Documentation Practice

INF135-Examples of Good Documentation Practice

FRM4212- Clinical Donation Pathway

CUBAN Principles for Handover adapted from Wales NHS- http://www.wales.nhs.uk/sitesplus/documents/861/Additional%20Info%20048.pdf

SBAR- http://www.institute.nhs.uk/safer_care/safer_care/sbar_resources.html

1. INTRODUCTION

1.1. The nursing handover process is considered a crucial part of providing quality and seamless care and when carried out improperly can be a major contributory factor leading to subsequent error and harm to patients and/or organs.

1.2. Within the context of organ donation and transplantation, due to the length of time and complex nature of the donation process, the importance of a comprehensive clinical handover of the organ donation process is paramount.

1.3. The purpose of the clinical and operational handover helps ensure the complete transfer of responsibility and accountability of the donation process from one trained/competent Specialist Nurse-Organ Donation (SN-OD) to another.

2. PRINCIPLES OF FACE TO FACE HANDOVER WHEN OUT ON-CALL

2.1. Handover of a patient during the organ donation process must follow a clear set of principles to ensure consistency of practice, and to minimise potential risks to the quality and safety of organs for transplantation. In order to set a quality standard for each verbal handover, each handover should be "CUBAN"

2.1.1. **C**onfidential- Ensure (where possible) that information cannot be overheard. Medical records, referral form, Clinical Donation Pathway FRM4212 and associated forms must be used to support the verbal handover.

2.1.2. **U**ninterrupted- Endeavour to utilise a quiet area with minimal distractions. There must be sufficient time to allow the handover to take place, so that the clinical details of the patient, their family situation and the stage at which the donation process has reached can be clearly communicated.

2.1.3. **B**rief- Keep information relevant; too much can be confusing. The timing of the clinical handover should be co-ordinated, allowing SN-OD's the opportunity to concentrate on giving and receiving complex clinical information. When handing over during the organ donation process, this communication must be 'face to face'.

2.1.4. **A**ccurate- Ensure that all information is correct. Information should be clear and concise and jargon should not be used. Remember, trainee SN-ODs may be present.

2.1.5. **N**amed Nurse- Continuity is essential; therefore the SN-OD leading the donation process should lead the handover process, and this must be mutually agreed at the beginning of the conversation. A systematic process should be utilised when handing over clinical information using the Clinical Donation Pathway FRM4212, whereby both SN-ODs must sign FRM4212 to confirm handover has taken place. Clinical and operational tasks yet to be completed must be handed over in full and clearly understood by the SN-OD taking over accountability and responsibility of the organ donation process.

3. FACE TO FACE HANDOVER WHEN OUT ON-CALL-PRINCIPLES OF SBAR FOR HANDOVER

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3.1. Inadequate communication is recognised as a being the most common root cause of serious errors, both clinically and organisationally. There are some fundamental barriers to communication across different disciplines and levels of staff.

3.2. Communication is more effective in teams where there are standard structures of communication in place. SBAR is an easy to remember acronym that can be used to frame conversations enabling clarification of what information should be communicated between SN-ODs and how. It can also help develop teamwork and foster a culture of patient safety.

3.3. When one SN-OD is handing over to another when facilitating the donation process (out on call), this must be done in person and follow a systematic process using the referral form, clinical donation pathway and associated forms.

3.4. Dependant on the stage of the donation process that the SN-OD is at, the following mandatory information (where applicable) must be communicated clearly and understood utilising the SBAR acronym:

3.5. Situation: "The situation is……"

3.5.1. Patient details, including:

3.5.2. Patient identity band (s) check against medical records including:
- Full Name
- Date of Birth
- Hospital Registration /NHS/CHI Number

3.5.3. Current Medical Condition/Reason for Admission
3.5.4. Diagnosis/Prognosis of Death

3.6. Background: "The background is……."

3.6.1. Patient's Medical History
3.6.2. Organ Donor Register checked (details of any restrictions)
- Person (s) providing Consent/Authorisation
- Consent/Authorisation details/restrictions including research permission

3.6.3. Any significant information regarding the patients family
3.6.4. Coronial and Fiscal restrictions or discussions
3.6.5. Police involvement
3.6.6. Recipient Coordinators who have been liaised with-names and contact details (where applicable)
3.6.7. Doctors/Nurses involved in the donation process-Introductions

3.7. Assessment: "My assessment is……"

3.7.1. Details of Donor Characterisation process including 'Physical Assessment' Patient Assessment (PA1) and any other significant medical, behavioural, social and travel history
3.7.2. GP Assessment- details of discussions with GP
3.7.3. Details of any other discussions with health care professionals when establishing a comprehensive donor characterisation

3.8. Recommendation: "I would like you to……"

3.8.1. Check all donor documentation is present and complete, including donor number.
3.8.2. Check Blood Group form including, signature, date and time
3.8.3. Signed and checked Blood Group form
3.8.4. Virology/Microbiology results (where available)

3.8.5. Diagnosis of Death-Brain Stem/Circulatory Death
3.8.6. Details of organ offering process-organs accepted/reasons for decline/yet to be offered
3.8.7. Details of National Organ Retrieval Service (NORS) teams attending
3.8.8. Perfusion details-including quality of perfusion/fluids used/volume perfused
3.8.9. Details of theatre i.e. theatre that you are using/anticipated/actual theatre time/ any other significant events in relation to theatre
3.8.10. HTA A Organ Specific Forms (Cardiac/Liver/Pancreas/Kidney)
3.8.11. Organ Packaging/labelling- complete/outstanding
3.8.12. Transport arranged for collection of organs-complete/outstanding
3.8.13. End of Life Care details/family requests-keepsakes/telephone call/clothing/viewings
3.8.14. Details of referrals to Tissue Establishments
3.8.15. Details of outstanding tasks to be completed

4. GUIDANCE ON GOOD DOCUMENTATION

4.1. Entries to records must be made using indelible ink and must identify the person making the entry and the date the entry is made using only black/blue ink.

4.2. Pencil, erasable ink and non-waterproof ink such as non-permanent gel ink must not be used.

4.3. Entries must be made as near to the time of the event as possible.

4.4. All entries should entered with a date, time and signature/or initials.

4.5. Signatures and/or initials documented must be sufficiently legible/identifiable to be traced to the originator.

4.6. Dates must be displayed using numeric format, 2 digit day, 2 digit month and 2 digit year e.g. DD/MM/YY.

4.7. Time should be displayed using the 24 hour clock format e.g. HH.MM.

4.8. Further guidance on good documentation can be found in **MPD385** and examples of good documentation in **INF135**.