Title: Tissue Approach Pause: Identifying and Mitigating

Author: Stephen Page, Tissue Operations Team Lead, CTBS, New England Donor Services

Background:

The Tissue Approach Pause (TAP) was strategically put in place by New England Donor Services Tissue Operations Department in order to ensure that critical elements that affect tissue donor eligibility are reviewed. (modeled after the Pre-Operative Pause in the surgical setting) to catch concerns in real time prior to contacting donor families and Authorization. Allowing Tissue Donation Coordinators to fully review each case. The TAP allows each TDC to fully vet the case details assessing the potential needs for more information such as Last Known Alive is suitable for the donation timeline forgoing ischemic time issues. Confirming that the Age/Gender Criteria fully correlates with the donors Past Medical History. Allowing the TDC the ability to Pre-Screen any concerns with potential processors prior to contacting the NOK., maximizing the opportunity for donation. In addition, the TAP allows the TDC to confirm and/or further investigate Plasma dilution issues in further detail.

With the success of the TAP NEDS developed a secondary post authorization TAP creatively named the “TAP 2.0.” Upon the completion of the Authorization a second TAP is completed by either the witnessing TDC or the On-Duty Operations Team Lead TDC confirming not only reconfirming the no further issues were found during the initial TAP.

Format:

Pre-Approach TAP (To be completed by the Tissue Donation Coordinator (TDC) making the approach)

STEP ONE: Prior to approaching the Next of Kin (NOK) on a potential tissue donor, a review of the following *primary* information is required.

- **Last Known Alive (LKA) or Ischemic Time Issues**
  - Review the LKA field on the Referral Page in True North (TN).
  - Review the clinical course section on the Screening Page in TN.
- **Age/Gender Eligibility Criteria**
  - Review TISS A18; the “Processor Tissue Age Criteria” document located on the Donation Reference Guide (DRG)

    - Review the medical history and skin integrity sections for any tissue-specific concerns or rule-outs
- **PlasmaDilution/Qualified Sample Concerns**
    - Review the blood product, colloid, and fluid infusion information in the TN Screening Page.
    - Review the weight of the donor and number of fluid lines placed.
    - Review the PlasmaDilution Page in TN; ensure that it is complete.
    - Reference the Plasma Dilution SOP TISS A9 if needed.

STEP TWO: After the above *primary* information is reviewed, a review of the following *secondary* information is required.

- MEO Involvement
- Cooling/Morgue Time
- Suspected/Confirmed Infection (SCI) Concerns
- Skin Integrity/Physical Assessment Issues

STEP THREE: Document the TAP completion in the TN Tissue Approach Page.

Post-Authorization TAP or Secondary TAP

STEP ONE: Identify the Operations team member who will be performing the Secondary TAP.

- *Non-Registered Donors* = Use the witness to the authorization
- *Registered Donors* = Use the on-duty Team Lead (TL). If no TL is available, any available Operations team member who is trained to authorize may perform the Secondary TAP.

STEP TWO:

- **Last Known Alive (LKA) or Ischemic Time Issues**
    - Review the LKA field on the Referral Page in True North (TN).
    - Review the clinical course section on the Screening Page in TN.
- **Age/Gender Eligibility Criteria**
    - Review WI.TISS.6; the “Processor Tissue Criteria” document located on the Donation Reference Guide (DRG)
    - Review the medical history and skin integrity sections for any

tissue-specific concerns or rule-outs

- **PlasmaDilution/Qualified Sample Concerns**
    - Review the blood product, colloid, and fluid infusion information in the TN Screening Page.
    - Review the weight of the donor and number of fluid lines placed.
    - Review the PlasmaDilution Page in TN; ensure that it is complete.
    - Reference the Plasma Dilution SOP TISS A9 if needed.

STEP THREE:

- MEO Involvement
- Cooling/Morgue Time
- SCI Concerns
- Skin Integrity/Physical Assessment

STEP FOUR: Document the completion of the Secondary TAP in the Event Log.

Conclusion:

With NEDS incorporation of the TAP and TAP 2.0 NEDS Operations staff has significantly reduced the systemic “swiss cheese effect” of potential errors both pre and post consent. Optimizing the best opportunity to honor the donor families’ wishes for donation. Subsequently mitigating combined logistical issues for both operation and recovery staff and providing the best information regarding the donation opportunity to the donor family.

Tissue Approach Pause: Implementing and Mitigating

Stephen Page; Tissue Operations Team Lead, CTBS
New England Donor Services

Background

The Tissue Approach Pause (TAP) was strategically put in place by New England Donor Services Tissue Operations Department in order to ensure that critical elements that affect tissue donor eligibility are reviewed. (modeled after the Pre-Operative Pause in the surgical setting) to catch concerns in real time prior to contacting donor families and Authorization. Allowing Tissue Donation Coordinators to fully review each case. The TAP allows each TDC to fully vet the case details assessing the potential needs for more information such as Last Known Alive is suitable for the donation timeline forgoing ischemic time issues. Confirming that the Age/Gender Criteria fully correlates with the donors Past Medical History. Allowing the TDC the ability to Pre-Screen any concerns with potential processors prior to contacting the NOK., maximizing the opportunity for donation. In addition, the TAP allows the TDC to confirm and/or further investigate Plasma dilution issues in further detail. With the success of the TAP NEDS developed a secondary post authorization TAP creatively named the "TAP 2.0." Upon the completion of the Authorization a second TAP is completed by either the witnessing TDC or the On-Duty Operations Team Lead reconfirming that no other further issues were found during the initial TAP.

Format: Pre Approach TAP

Work Instruction:
Tissue Approach Pause (TAP)

Pre-Approach TAP (To be completed by the Tissue Donation Coordinator (TDC) making the approach)

STEP ONE: Prior to approaching the Next of Kin (NOK) on a potential tissue donor, a review of the following *primary* information is required.

- Last Known Alive (LKA) or Ischemic Time Issues
  - Review the LKA field on the Referral Page in True North (TN).
  - Review the clinical course section on the Screening Page in TN.
- Age/Gender Eligibility Criteria
  - Review Tissue Approach Eligibility report on Sharepoint for the TN Referral # associated with the active referral
  - Review the medical history and skin integrity sections for any tissue-specific concerns or rule-outs
- PlasmaDilution/Qualified Sample Concerns
  - Review the blood product, colloid, and fluid infusion information in the TN Screening Page.
  - Review the weight of the donor and number of fluid lines placed.
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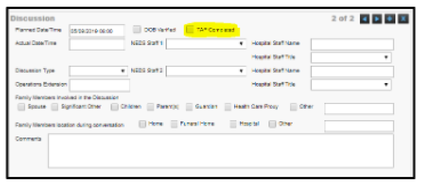
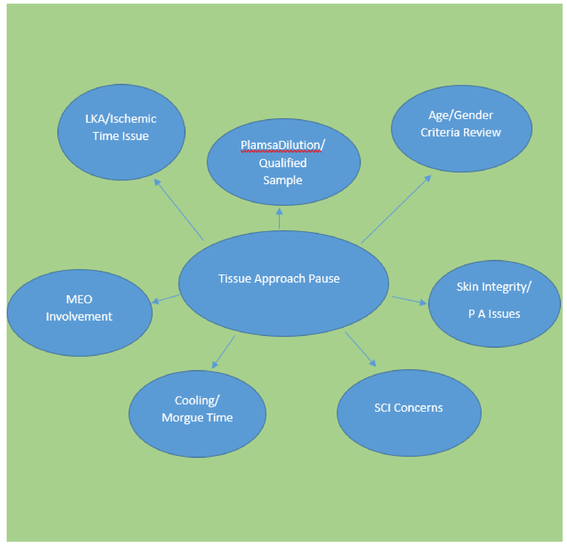
- Suspected/Confirmed Infection (SCI) Concerns
- Skin Integrity/Physical Assessment Issues

STEP THREE: Document the TAP completion in the TN Tissue Approach Page. (see below)





Format: Post Authorization TAP

NEDS Board Notification TAP 2.0 Complete

Work Instruction:
Tissue Approach Pause (TAP)

Post-Authorization TAP or Secondary TAP

STEP ONE: Identify the Operations team member who will be performing the Secondary TAP.

- *Non-Registered Donors* = Use the witness to the authorization
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STEP TWO:

- Last Known Alive (LKA) or Ischemic Time Issues
  - Review the LKA field on the Referral Page in True North (TN).
  - Review the clinical course section on the Screening Page in TN.
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  - Review Tissue Approach Eligibility report on Sharepoint for the TN Referral # associated with the active referral
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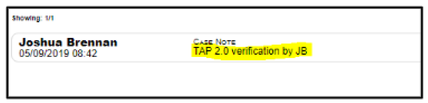
  - Review the PlasmaDilution Page in TN; ensure that it is complete.
  - Reference the Plasma Dilution SOP TISS A9 if needed.

STEP THREE:

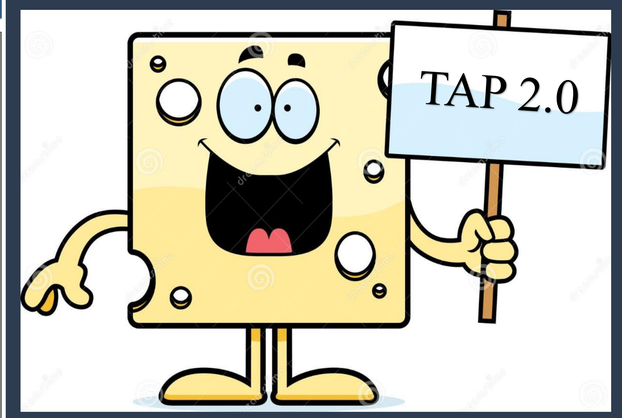
- MEO Involvement
- Cooling/Morgue Time
- SCI Concerns
- Skin Integrity/Physical Assessment

STEP FOUR: Document the completion of the Secondary TAP in the Event Log. (see below)



Conclusion

With NEDS incorporation of the TAP and TAP 2.0 NEDS Operations staff has significantly reduced the systemic "swiss cheese effect" of potential errors both pre and post consent. Optimizing the best opportunity to honor the donor families' wishes for donation. Subsequently mitigating combined logistical issues for both operation and recovery staff and providing the best information regarding the donation opportunity to the donor family.



Acknowledgements

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