



# Travel Grant Report Form

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## Name and origin of applicants

Rikke Martha Marie Christensen, Helle Madsen and Pia Lauenborg.

Transplantcoordinators, RN.

Aarhus University Hospital, DK.

Department of Nephrology.

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## Purpose granted

*"I hereby enter our application for the Scandiatransplant travel grant 2019, on behalf of the Transplant coordinator team in Aarhus.*

*The Transplant center at Aarhus University Hospital is currently working on a protocol for introducing organdonation after circulatory death (DCD). In this process, the transplant coordinator team wish to obtain knowledge from an on-site experience, with transplant coordinators already working with this type of organdonation. Therefore we are planning a study trip to Groningen, Netherlands in April 2019. Our primary goal is to prepare ourselves in the best way possible to become one of the key figures in the process of DCD. And we believe a study trip will strengthen our further education in this field."*

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## Amount granted

25.200 DKK.

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## Time and place of visit

Our study trip was made in two groups.

Rikke visited The transplantcoordinators in University Medical Centrum Groningen (UMCG), Netherlands in August 2019 (Mon. 19. -Fri. 23.)

Helle and Pia made their trip to The transplantcoordinators in University medical Centrum Groningen (UMCG), Netherlands in the end of September 2019 (Son. 29. - Fri. 4.)

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## Report

Our main focus for this study trip was to learn about DCD.

In our visit we were able to witness a DCD procedure in Groningen. From the beginning of the procedure, first contact with the ICU, to the withdrawal of treatment and throughout the two hour waiting period. We were located in the ICU, with the transplant coordinator, the ICU staff and the family of the donor. Both theoretical and practical procedures were introduced and thoroughly discussed.

We were also invited to Leeuwarden, where we met with DR R. TH. Gerritsen MD PhD, intensivist and chief medical officer and DR. M. Kniper Neurologist and Anaesthesiologist, who represented their ward, and their work with DCD and DBD. The chief nurse and the organ donation specialist nurse also attended the meeting, and shared their experiences in organ donation. Different perspectives of donation were presented (patient, family, ethical, staff) and we had an interesting discussion on "when are you dead".

Then we visited the Department of Nephrology in Groningen. Here we met the coordinator of living donation, who coordinates up to two living donor transplantations pr. week. And the specialist nurse who takes over after transplantation, and has the responsibility for all the transplanted patients in the out patient clinic.

In Groningen they have a kidney team, who we also met. They are in charge of contacting potential kidney recipients and potential living donors. This team of nurses and social workers arrange a "Home party" where they inform these potential donors about risks and complications in living donation.

Every day of our visit, we were together with the transplant coordinators in UMCG, in their office. This gave us the opportunity to get an overall insight of their organisation and responsibilities. They had a presentation on their donor and transplant activities.

In UMCG they have an entire ward for organ procurement. This is a place for research that is established in collaboration with "Organ Assist" (a company that produces organ perfusion machines) and we were invited to come and try their equipment. So we put a pig's kidney on machine perfusion.

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## Evaluation

Our study trip has been a very educational experience. To visit another Transplant center has been an eye opener on some parts of our everyday work and organisation. In some ways we were inspired, in others we have been assured that we have a strong organisation in Aarhus.

The most important lesson learned from our trip must be the assurance of our capacity to handle DCD. To witness the actual work, on site, gave an insight that is impossible to just read about. Everything was put in perspective and we feel better equipped for new challenges ahead, in implementing DCD procedures.

We had the opportunity to meet the staff who handles DCD in the ICU, which was an important aspect of the trip, and to hear their experiences and views on DCD. By this we are even better equipped for the cooperation with the ICU personnel in the future.

Many thanks for this opportunity, it has been much appreciated.

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