

MINUTES
Scandiatransplant
Nordic Transplantation Coordinator Group Meeting
Copenhagen May 11th, 2023

Participants:

Janika Kuus, Tartu
Jenny Warheim, Lund
Nadine Weidenberg, Uppsala
Maria Winding Engmann, Copenhagen
Rikke Spanggaard, Odense
Helle Madsen, Aarhus
Carola Schauman, Helsinki
Catharina Yesil, Helsinki
Pernilla Händén, Gothenburg
Öystein Jynge, Stockholm
Ylva Anderasson, Stockholm
Charlotte Lovén, Malmö
Anne Ørskov, Scandiatransplant
Ilse Weinreich, Scandiatransplant

Observer: Coordinator Jurics from Riga, Latvia.

Election of chair

Maria Winding Engmann

Election of secretary

Öystein Jynge (nobody objected, blame yourselves!)

1. Last meeting – Minutes

Update LifePort shipping abroad. Öystein had contact with the Kidney Group on the topic. They discussed it on the last meeting. Currently they don't see the need for shipping LifePort between the countries, and we will not proceed any actions in this matter.

Minutes were approved

2. Round the table

Denmark in general: Implementation of DCD is mostly going well. Several study visits are done, protocols are developed and hopefully a start within 2023.

Copenhagen: Five coordinators. Good numbers of donors so far!

Odense: Eight coordinator – all OR-nurses with split assignments OR/coordination. A little slow start this year with donors.

Aarhus: Four coordinators. Even in this region a slow start this year.

Finland: Currently five coordinators, aim to increase to six. This year so far very high donor activity. DCD implemented in the bigger university hospitals, but more hospitals will start up in near future.

Thoracic: 3-4 coordinators on-call. Even involved with LVAD. Good numbers on transplantation so far.

Tartu: Four coordinators. Slow start, but better donor activity in late spring. Still no plan to introduce DCD in Estonia.

Malmö: Seven coordinators currently, but five will end their employment within the period of May-July. Several new coordinators are employed but will start after the summer. A tough period next half year. Donor activity has been lower than usual so far this year. All hospitals in the region have implemented DCD, two of them with the assistance from larger hospitals when they have DCD donors.

Lund: Six coordinators on duty, Evamarie retires in these days and says hello to all – Jenny Warheim is replacing her.

Uppsala: Currently four coordinators but has been granted permission to hire a fifth coordinator. Hopefully the new colleague will start after summer. A good donor activity until now, both DBD and DCD. Most major hospitals in the region have implemented DCD.

Stockholm: Five coordinators since August -22. An ok donor activity, but not brilliant. In the start of the year most DCD donors. All hospitals excepted on have introduced DCD.

Gothenburg: Currently 6 coordinators out of seven positions, new colleague starts after summer. Very good donor activity so fare, both DBD and DCD. Even Iceland has a good start. All major hospital has introduced DCD.

Oslo: Seven coordinators. A quite normal donation activity so far this year. DCD program up and running, more hospitals included.

Riga: Our guest from Riga gives a short introduction to their organization and activity. Latvia is a small country with approx 1,8 million inhabitants. Last year they had 24 utilized donors. All donors are DBD. They have a DCD program, but its currently inactive. The transplantation service includes kidney, heart, and liver transplantation. They collaberates with ET, and especially with Hamburg. The coordinator office consists of three coordinators (nurses) and one physician. One more physician will join the team.

Scandiatransplant: Anna and Ilse and Susanne runs the office together with four programmers. Kaj is still medical director. Huge working load this year with change of database provider, but now the job is done!

3. Evaluation of the deceased donor part in YASWA

General all centers are satisfied with YASWA. The deceased donor part is gradually more and more used. Still a learning curve for some, and some centers have still other systems with mandatory registration which leads to double registration. Hopefully in the future the systems can transfer data automatically to avoid this.

The meeting thereafter went through all tabs and gave Anne and Ilse feedback on fields and parameters that we found unlogic or needed some definition or be lacking. We also went trough some functionalities and tips that each represent should bring back home and present to their colleagues.

4. Update about infectious disease group

An on-going update of the guidelines for prevention of transmission of infectious disease will be presented to all groups in Scandiatransplant. All groups will then have three months to provide feedback on the proposal before it is determined and published.

5. AB-BA allocation for liver

The proposal was approved as on a test period on the last NLTG-meeting. The idea is that a spare liver in blood group A or B can be directly offered to a center with payback in opposite blood group. If accepted this pay back will be shown in YASWA in the pay back tab. More detailed description in last Scandiatransplant newsletter and upcoming minutes from last NTLG meeting.

Comment to 5 + 6: NTCG should propose to the board that every new routine or major changes in guidelines should be sent to all (affected?) groups to provide an opportunity to submit a referral response to the proposal.

7. Virus-registration in YASWA

No need to discuss this topic anyway.

8. TX-coordinators role in DCD

Maria asks the centers with DCD what role they have in OR during DCD. The major difference is rather that the coordinators in Copenhagen and Aarhus most often are not present in OR during DBD ether. The difference in the coordinators role in DCD is minor for us who always are present during all donor operations. Example on difference is close contact with ICU before and after end of life sustaining treatment.

9. Perfusion solution problems

General problem with especially solution for machine perfusion. Christina Andreasson has investigated the possibility of using the *IgL Perf gene*. Main problem is lack of translated user manual. It seems that Sweden we will probably get a waiver for four months to use the solution.

Nadine will send an email with information to the group.

10. Participation in congresses/meetings

General question from Oslo: to what extent are we allowed to attend congresses and meetings, and how is this financed?

It varies between the centers and countries. Some centers have allocated funds, some are urged to send abstract while other centers have relatively generous permission to attend congresses without any achievement.

11. Education/certification

Oslo is preparing for a time with new coordinators and asks how new coordinators are introduced to this job. Additional question – is the European certification obligation in all centers?

Most centers introduce new coordinators with “learning by doing”. Participation in national educations might be added. Even courses as TMP might be part of the introduction.

In Oslo the certification is mandatory. In Denmark – a couple of the coordinators in Århus are certified but none in Copenhagen and Odense are. It is not mandatory. Several coordinators in other countries are certified but is not mandatory. Each center should discuss local strategy for certification.

This was the last meeting for Charlotte Lovén and Öystein Jynge. Ylva will replace Öystein in NTCG and it will be decided later this year who will replace Charlotte (in the meantime Kerstin Karud will be the contact person from Malmö from July 7). **A warm applause for Charlotte and Öystein contribution to the group during their time in NTCG.**

Next meeting: 2th November 2023. On-line meeting