



Travel Grant Report Form

Name and origin of applicants

Christina Andréasson, Karin Lindh, Anneli Rask transplant coordinators OFO Central Sweden
Uppsala University Hospital

Purpose granted

Study visit to Swisstransplant in Bern and to local coordinators in Zurich. Switzerland is a country about the same size as Sweden. Within the country there are six different transplant centers, they allocate the organs from a central office. Swiss transplant collaborates with Scandiatransplant. In Sweden there are discussions if it's possible to coordinate nationally to optimize the coordinators work in the future. How do they work in Switzerland? They have DCD and they transplant pancreatic islets, and we were interested in how they organize, what problems they encounter, and how they work with this within Swiss transplant.

Amount granted

21400 DKK

Time and place of visit

Schweiz 14-17 October 2019.

Report

Swisstransplant is a national allocation agency based in Bern, which was started in 1985. Their mandate comes from the Ministry of Health. They are responsible for the allocation of organs to recipients in accordance with applicable law and oversees the corresponding waiting list. Eleven national Coordinators work at Swisstransplant, they work daytime in the office from 8 to 17. Another person has the "night shift" at home from 17 to 09. However, their work shifts are considered illegal, according to the law a maximum of 12 hours. Swisstransplant handles the allocation of organs. They have a computer system where organ donors are reported with all available information about the donor. Their medically responsible physician, Frans Immer, decides if donation is possible. They use the FOEDUS platform for international offer of organs and NEXUS platform, for uploading X-rays and ultrasound.



In Zürich University Hospital we met Stefan Regenscheit (Donor care manager) and Lea Kinteh-Vischherr, (recipient transplant Coordinator and team Leader). Since 2012 they have divided the work on the donation process, between donor care manager, a kind of mix between DOSS and transplant coordinator (their work is similar to SNOD's (UK) way of working) and a recipient coordinator who is responsible for all contact with the recipient.

DCD was started in 2011 in Switzerland, DCD Maschricht category III. About 40% of the donors in their area are DCD donors. They have a "fixed" time for withdrawal of treatment. This time is 08:30 on weekdays and at 9:30 am on weekends. In Zurich, cold perfusion is used in machine exvivo for DCD liver, their surgeon advocates this.

Donors can be transported to Zürich University Hospital for brain death diagnostics, in case a hospital don't have access to such expertise, and they also transport donors for the whole donation process.



Evaluation

A lesson learned is that the problem regarding long work shifts is the same in Switzerland as in Sweden, but their authorities take this seriously and by law they are not allowed to work more than 12 hours in a row.

Moving donors to the transplant hospital for the donation was more a rule than exception, which was also easier in Switzerland. Moving DCD donors to the transplant hospital is perhaps a good idea considering future extended mechanical routines (NRP) heart-lung boxes etc. It would also be interesting to look at cold perfusion of DCD liver - does it work as well as NRP?

They have a computer system called Nexus, that they easily share X-rays and ultrasound between the hospitals. They also have FOEDUS platform - a system they use to communicate and offer organs abroad. These systems might be something for Scandiatransplant to look at, if we can use something similar?
