



RECOMMENDATIONS ON THE DEFINITION, STRUCTURE AND FUNCTIONS OF DONOR TRANSPLANT COORDINATION TEAMS IN SPAIN

Adopted by the Transplant Commission of the
Interterritorial Council of the National Healthcare System

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INTRODUCTION

This document presents a series of recommendations on the definition, structure and functions of donor transplant coordination (DTC) teams of hospitals authorized to obtain organs in Spain, aimed at hospital managers and healthcare departments in charge of organizing professional teams responsible for the management of healthcare processes of a critical nature.

These recommendations are the result of an exhaustive project led by the Organización Nacional de Trasplantes (ONT) and the Transplant Commission of the Interterritorial Council of the National Healthcare System (ITC-NHS) to strengthen and adapt the structure and functions of DTC teams to a context of exponential increase in donation and transplantation activities, growing complexity of such processes and progressive incorporation of these teams into the obtaining of other substances of human origin (SoHO) for clinical use.

The project was developed by a working group ([Annex 1](#)) that included members of DTC teams, Regional Transplant Coordinators, and the ONT. It was carried out in three phases: i) selection of indicators and hospitals of excellence in the process of deceased organ donation; ii) conduction of surveys targeted to DTC teams with excellent results in the process of deceased organ donation and analysis of results; iii) formulation of recommendations. The development of the recommendations was based on the information collected during the project and the opinions of the experts in the working group. Subsequently, the recommendations were reviewed by the Transplant Commission of the (ITC-NHS) and subjected to a consultation process aimed at the Spanish DTC network before their final adoption.

Twenty-six out of the 185 hospitals authorized for organ recovery in Spain were identified based on their excellent results in the organ donation process. These hospitals were structured into five groups based on the availability of neurosurgical activity and the number of transplant programs. Regarding the human and organizational structure, the DTC teams at the selected hospitals are composed primarily of physicians and nurses from critical care units, with an average of more than 15 years of experience and specific training in donation and transplantation. The dedication of these professionals varies between full-time, part-time, and extended shifts, depending on the characteristics of the hospital. In most centers, coordinators are appointed by hospital managers in collaboration with the Regional Transplant Coordinators, with particular emphasis on experience and prior training.

Regarding their functions, the DTC teams are responsible for the proactive identification of possible donors and the management of the organ and tissue donation process, as well as the supervision of the recovery of organs and tissues. They all use tools to optimize the identification of possible donors, such as regular visits to critical care units, review of hospital admissions, and specific protocols. DTC teams play a key role in approaching families of possible donors, requesting judicial authorizations, and managing communication within the hospital and with healthcare authorities. They also promote public education and awareness about organ and tissue donation. DTC teams participate in the continuing education of healthcare personnel, mentor other hospital centers, and organize training sessions for the proper development of the donation and transplantation process. Although the participation of DTC teams in managing waiting lists and interviewing transplant candidates is limited in some centers, their collaboration with transplant teams on logistical issues and their participation in committees is

essential. They also undertake biovigilance functions, participate in the Quality Assurance Program in the Deceased Donation Process,¹ registries and audits, and promote research in the field of donation and transplantation.

The survey analysis highlights the critical role of the DTC teams in the success of the Spanish Model on Organ Donation and Transplantation and their ability to adapt to a constantly evolving healthcare environment.² However, it also underscores the need to standardize practices, optimize resources, and strengthen areas such as training, research, and inter-institutional collaboration.

A detailed description of the methodology and the main findings of the project regarding the structure, composition, and functions of the DTC teams at hospitals with excellent results in the organ donation process can be requested from the ONT. This document only details the recommendations generated by the project. Their implementation seeks to professionalize and recognize the DTC teams to maintain the excellence of the Spanish Model and contribute to the sustainability of the healthcare system. These recommendations refer specifically to the DTC teams at hospitals authorized for organ recovery, in accordance with the criteria established in *Royal Decree 1723/2012, of December 28, which regulates the donation, clinical use, and territorial coordination of human organs intended for transplantation and establishes quality and safety standards.*³

1. DEFINITION OF THE HOSPITAL DONOR TRANSPLANT COORDINATION TEAM

The DTC unit, as defined in Royal Decree 1723/2012, of December 28, is the *"healthcare unit whose purpose is the organization and optimization of the donation and clinical use of human organs. The coordination team staff may be members of any of the hospital's healthcare departments and must have the appropriate qualifications, training, and skills to perform coordination tasks, which will always be performed by a physician or nursing staff under their supervision."*

In **Table 1** the functions related to the objective expressed in the aforementioned definition are shown, adding tissue donation, a fundamental and equally important part of the work of the DTC team and regulated by *Royal Decree-Law 9/2014, of July 4, which establishes the quality and safety standards for the donation, obtaining, evaluation, processing, preservation, storage and distribution of human cells and tissues and approves the coordination and operating standards for their use in humans.*⁴

¹Quality Assurance Program in the Donation Process. Available at: <https://www.ont.es/informacion-a-los-profesionales-4/programa-de-calidad-del-proceso-de-donacion-4-8/>. Accessed: May 2025.

²Matesanz R, Domínguez-Gil B, Coll E, Mahillo B, Marazuela R. How Spain Reached 40 Deceased Organ Donors per Million Population. *Am J Transplant* 2017; 17(6):1447-1454. doi : 10.1111/ajt.14104.

³Royal Decree 1723/2012, of December 28, regulating the procurement, clinical use, and territorial coordination of human organs for transplantation and establishing quality and safety standards. Available at: <https://www.boe.es/buscar/act.php?id=BOE-A-2012-15715>. Accessed: May 2025.

⁴Royal Decree-Law 9/2014, of July 4, establishing quality and safety standards for the donation, procurement, evaluation, processing, preservation, storage, and distribution of human cells and tissues and approving the coordination and operating rules for their use in humans. Available at: <https://www.boe.es/buscar/doc.php?id=BOE-A-2014-7065>. Accessed: May 2025.

Table 1: Functions of the donor transplant coordination unit

1. Proactive identification and monitoring of possible organ and tissue donors.
2. Consultation of the advance directives registry and family interview.
3. Relationship of support with donor families and subsequent gratitude.
4. Request for judicial authorization to obtain organs and tissues.
5. Management of ICU beds for the admission of possible donors.
6. Collaboration in requesting the tests and determinations necessary for the characterization of the donor and the organs and tissues.
7. Characterization and evaluation of the donor and the organs and tissues.
8. Validation of the diagnosis of death.
9. Collaboration in the maintenance of the possible donor.
10. Organization of and participation in the logistics of organ and tissue recovery (including packaging and labeling).
11. Management and organization of normothermic regional perfusion and collaboration in the <i>ex situ</i> preservation of organs.
12. Communication with the organisms responsible for the distribution and allocation of organs and with tissue establishments.
13. Supervision and registration of personnel involved in the donation and transplant process.
14. Participation in the hospital's Transplant Commission or Donation Commission.
15. Collaboration in the management of transplant waiting lists.*
16. Conducting interviews with transplant candidates.*
17. Participation in regular meetings with transplant teams.*
18. Organization of transplant/implant logistics.*
19. Training and awareness-raising of healthcare and non-healthcare personnel.
20. Mentoring other centers.

21. Development and implementation of communication plans on donation and transplantation.
22. Crisis or emergency management related to donation and transplantation.
23. Participation in local, regional, and national work meetings related to donation and transplantation.
24. Reporting and management of adverse events and reactions in organ and tissue donation and transplantation (biovigilance).
25. Participation in the Quality Assurance Program in the Deceased Donation Process ¹ or other programs for the evaluation of the donation potential and the effectiveness of the process for continuous improvement.
26. Participation in donation and transplant information systems.
27. Participation in other donation and recovery processes.
28. Document management of the donation and transplant process.
29. Audit and grant management.
30. Research in donation and transplantation.

** Functions only applicable to centers with transplant/implant programs*

ICU: Intensive Care Unit

The hospital **donor transplant coordinator** is the healthcare professional, doctor or nurse, who is part of the DTC unit and performs **at least 75% of the coordination functions** described in **Table 1**.

The **DTC Collaborator** is a professional who participates in **at least 25% of the coordinator's functions** (**Table 1**). The vast majority of these professionals are intensive care physicians and other critical care unit professionals who perform essential work in supporting the DTC team and who must always be supervised by the DTC unit. That is, in hospitals without a transplant program, **the collaborator performs at least 7 of the functions described, and the donor transplant coordinator 20. In hospitals with a transplant program, these numbers must be at least 8 and 23, respectively.**

2. RECOMMENDATIONS ON THE STRUCTURE OF THE HOSPITAL DONOR TRANSPLANT COORDINATION TEAM

All DTC teams at hospitals authorized for organ recovery must meet the requirements listed in **Table 2**.

Table 2: Requirements for the structure of the hospital donor transplant coordination team

1.	The DTC team must be a hospital care unit recognized in the hospital's organizational chart and staff. Depending on each hospital's organizational system, it may be considered an area/service/section or unit.
2.	All coordinators must be officially appointed and listed on the hospital's staff, reporting directly to the Hospital Management and functionally to the Regional Transplant Coordinator regarding coordination-related activities. This appointment must count as merit in career-related criteria and for transfers.
3.	Coordination activities must have a remuneration defined by the financial management services of each Autonomous Region and hospital.
4.	The leader of the DTC must be a physician assigned a position of responsibility (head of service or section, depending on the type of hospital). The DTC nursing lead must also be assigned a position of responsibility (area or unit supervisor).
5.	Coordinators should ideally belong to units that care for critically ill patients, with the number of professionals from other units on the team increasing as their activity expands.
6.	24 hours a day must be covered by a DTC professional available.
7.	Coordinators must have a set amount of time during their workday to dedicate to coordination tasks. The time allocated to coordination will depend on each hospital category and its needs (see below), also taking into account the time required when a donation/transplant process is activated and for training sessions, specific meetings, and audits.
8.	As the donation potential and the number of transplant programs increase, the number of coordinators, both physicians and nurses, and/or the time commitment required to carry out all coordination functions must increase.
9.	The selection process for new coordinators should combine an assessment of donation experience and training with a personal interview. It is advisable for the head of the DTC team and the Regional Transplant Coordinator to participate in this process. Candidates should preferably be professionals with more than five years of professional experience and prior experience as collaborators with a DTC team.
10.	All authorized centers must have an office assigned to the DTC team.

DTC: Donor Transplant Coordinator

Below are recommendations on the structure of DTC team, depending on the type of hospital. **These recommendations should be considered minimums, understanding the structure as dynamic, adapting to the growth of the center's activity and its complexity.**

Hospitals without neurosurgery

At a minimum, the DTC team must have **2 coordinators**, preferably a doctor and a nurse, both of whom must **dedicate at least 20% of their working hours** to coordination tasks, plus the time required for donation/transplant procedures and for training sessions, specific meetings, and audits.

If a hospital without neurosurgery has a transplant program, the guidelines for the corresponding category in the section on hospitals with neurosurgery should be applied. Similarly, if a hospital without neurosurgery has more than 30 donors *per* year or has a greater donation potential (e.g., more than 500 inpatient beds), the guidelines for hospitals with neurosurgery without a transplant program should be applied (see below).

The continuity of the donation process must be guaranteed by the center's DTC unit and, if this is not possible (e.g., vacations, sick leave, conferences), collaborators must be available with the support and supervision of DTC units from other hospitals belonging to the same healthcare area and with more staff, to carry out the entire organ and tissue donation and transplantation process with guarantees.

Hospitals with neurosurgery

The DTC team must have a number of coordinators based on its needs, **considering the following minimums, which can be expanded according to the level of activity:**

- ✓ **Without a transplant program:** 2 physicians and 2 nurses. Both part-time, with at least 20% of their working hours dedicated to coordination duties.
- ✓ **1 Transplant Program:** 2 physicians and 3 nurses. One coordinator full-time; the rest part-time, with at least 20% of their working hours dedicated to coordination.
- ✓ **2 Transplant Programs:** 3 physicians and 3 nurses. Two coordinators full-time and the rest part-time, with at least 20% of their working time dedicated to coordination duties.
- ✓ **≥3 Transplant Programs:** 3 physicians and 4 nurses. Three coordinators full-time and the rest part-time, with at least 20% of their work time dedicated to coordination tasks.

The distribution of time dedicated to coordination tasks can be adapted to the needs of each DTC unit.

As in hospitals without neurosurgery, the continuity of the donation process must be guaranteed by the center's DTC team and, if this is not possible (e.g., vacations, sick leave, conferences), by collaborators with the support and supervision of the DTC team from other hospital centers in their healthcare area that have more staff available to carry out the entire organ and tissue donation and transplantation process with guarantees.

3. RECOMMENDATIONS ON THE FUNCTIONS OF THE HOSPITAL DONOR TRANSPLANT COORDINATION TEAM

Table 1 lists the functions of the DTC team. This section provides a more detailed description of such functions. The vast majority of these functions can be performed by any member of the DTC unit, although some must be performed and/or validated by the team physicians, especially those related to the evaluation of the donor and the organs and tissues, the diagnosis of death, and the organization and management of normothermic regional perfusion in the process of donation after the circulatory determination of death (DCDD).

Functions related to organ and tissue donation

1. Proactive identification and monitoring of possible organ and tissue donors

Proactive identification of possible donors is one of the core functions of the DTC team. The daily time required to carry out this task will depend on the characteristics and the donor potential of each center. The recommended screening tools are:

- ✓ Hospital protocols for identifying and referring possible organ donors, developed in collaboration with hospital departments that care for patients who might become donors. The protocols should include clear and simple criteria for referring possible donors to the DTC team, which can be detailed in reminder posters that also indicate the contact system with the DTC. Professionals in the aforementioned areas should be regularly trained on these protocols, which must be disseminated.
- ✓ Hospital circuits established to identify all possible donors to present them with the option of tissue donation (patients who died in any area of the hospital).
- ✓ Automatic notification systems for possible organ and/or tissue donors.
- ✓ Review of hospital admissions, ideally on a daily basis in strategic areas.
- ✓ Visits to critical care units, ideally on a daily basis.
- ✓ Regular visits to areas other than the critical care units where patients who could become donors are treated.
- ✓ Periodical provision of information to units attending possible donors about organ and tissue donation and transplantation activities (feedback activity).
- ✓ Protocols for the identification and management of possible donors in the outpatient setting (e.g., patients with neurodegenerative diseases, patients requesting medical assistance in dying).

2. Consultation of the advances directives registry and family interview

The DTC team is responsible for conducting interviews related to organ and tissue donation,^{5,6} for which they must be specifically trained. They must also collect the necessary information regarding the desire to donate from the advances directives registry and other means provided for in current legislation.

3. Relationship of support with donor families and subsequent gratitude

The DTC team also has the role of establishing a supportive relationship with donor families, which must be maintained throughout the organ and tissue donation process. It is recommended that a thank you note be provided afterward.

4. Request for judicial authorization to obtain organs and tissues

The DTC team is responsible for processing the request for judicial authorization in those cases where it is required. It is recommended that they receive specific training on managing the process in collaboration with justice administration professionals.

5. Management of ICU beds for the admission of possible donors

It is recommended that the DTC team has decision-making capacity in the management of hospital beds for the admission of possible donors for intensive care to facilitate organ donation (ICOD).⁷

6. Collaboration in requesting the tests and determinations necessary for the characterization of the donor and of the organs and tissues

The DTC team is responsible for requesting the tests and determinations necessary for the characterization and evaluation of the donor and of the organs/tissues, in coordination with the healthcare team caring for the possible donor.

7. Characterization and evaluation of the donor and of the organs and tissues

The DTC team must complete the characterization of the possible donor and of the organs/tissues for clinical use,⁸ understood as the process of gathering the necessary information to assess the suitability of the donor and of the organs and tissues, in order to

⁵Process for the consent to deceased donation. Quality and Safety Framework Programme. Quality and Safety Framework Programme. Available at: <https://www.ont.es/wp-content/uploads/2023/06/1.-1.-Proceso-de-consentimiento-a-la-donacion-de-fallecido.pdf>. Accessed: May 2025.

⁶Process for the interview to present the option of Intensive Care to facilitate Organ Donation. Framework Program for Quality and Safety. Available at: <https://www.ont.es/wp-content/uploads/2023/06/1.-2.-Proceso-de-entrevista-para-el-planteamiento-de-Cuidados-Intensivos-Orientados-a-la-Donacion-de-organos.pdf>. Accessed: May 2025.

⁷Intensive Care to facilitate Organ Donation. Recommendations of the Organización Nacional de Trasplantes – Spanish Society of Intensive Care Medicine and Coronary Care Units. Available at: <https://www.ont.es/wp-content/uploads/2023/06/Cuidados-Intensivos-Orientados-a-la-Donacion-de-Organos.-Septiembre-2017.pdf>. Accessed: May 2025.

⁸Process for the verification of the identity of the organ donor and for donor characterization. Framework Program for Quality and Safety. Available at: <https://www.ont.es/wp-content/uploads/2023/06/2.-Proceso-de-verificacion-de-identidad-y-caracterizacion-del-donante-de-organos.pdf>. Accessed: March 2025.

perform an adequate risk-benefit analysis, minimize risks for the recipient and optimize organ allocation. Another function of the DTC team is the evaluation of the donor and of the organs/tissues, defined as the analysis and decision-making process by which the suitability of a donor and their organs and tissues for transplantation is determined.

8. Validation of the diagnosis of death

Although the diagnosis of death is the responsibility of the physician responsible for the care of the possible donor, the DTC team has the function of validating said diagnosis, made based on neurological or circulatory criteria, as established in *Royal Decree 1723/2012, of December 28*.³

9. Collaboration in the maintenance of the potential donor

The DTC team must ensure the proper maintenance of the possible donor, in collaboration with the responsible healthcare team.⁹

10. Organization of and participation in the logistics of organ and tissue recovery (including packaging and labeling)

The DTC team is responsible for overseeing the organ and tissue recovery process,¹⁰ including their proper packaging and labeling,¹¹ and assisting in this process when necessary. They must also ensure and supervise the completion of the organ and/or tissue recovery process with the proper reconstruction of the body.

11. Management and organization of normothermic regional perfusion and participation in *ex situ* organ preservation procedures

The DTC team is responsible for managing and organizing normothermic regional perfusion for DCDD processes performed at their center, as well as for processes taking place at other centers that lack the resources or experience to properly implement them.^{12,13} They may also participate in *ex situ* organ preservation procedures, generally managed by transplant teams.

⁹National Protocol for the Maintenance of Organ Donors after the Neurological Determination of Death. Available at: <https://www.ont.es/wp-content/uploads/2023/06/Protocolo-Nacional-de-Mantenimiento-del-Donante-de-Organos.-Febrero-2020.pdf>. Accessed: May 2025.

¹⁰Process for the recovery and preservation of organs from Donors after the Neurological Determination of Death. Framework Program for Quality and Safety. Available at: <https://www.ont.es/wp-content/uploads/2023/06/3.-1.-Proceso-de-extraccion-y-preservacion-en-donantes-en-muerte-encefalica.pdf>. Accessed: May 2025.

¹¹Process for the packaging and labeling of organs for transplantation. Quality and Safety Framework Program. Available at: <https://www.ont.es/wp-content/uploads/2023/06/3.-2.-Proceso-de-empaquetado-y-etiquetado.pdf>

¹²National Consensus Document on Donation after the Circulatory Determination of Death. Available at: <https://www.ont.es/wp-content/uploads/2023/06/Doc-de-Consenso-Nacional-sobre-Donacion-en-Asistolia.-Ano-2012.pdf>. Accessed: May 2025.

¹³National Protocol for Heart Transplantation from Donors after the Circulatory Determination of Death. Available at: https://www.ont.es/wp-content/uploads/2023/08/Protocolo-Nacional-de-Trasplante-Cardiaco-de-Donacion-en-Asistolia-Controlada_Actualizacion-Marzo-2023.pdf. Accessed: May 2025.

12. Communication with agencies responsible for organ distribution and allocation, and with tissue establishments

An important function of the DTC team is the organization of the donation logistics^{14,15} and ongoing communication with the organizations responsible for organ distribution and allocation. In the case of tissues, the DTC team must organize and coordinate logistics with the center's reference Tissue Establishment for the collection, packaging, and shipping of tissue material.

13. Supervision and registration of personnel involved in the donation and transplant process

For the purposes of proper organization of the logistics of organ (and transplant) and tissue recovery, and the justification of subsequent remuneration, the DTC team must supervise and register all personnel involved in each organ donation and transplant process (if it belongs to a center with a transplant program), as well as in tissue recovery.

Functions related to the Transplant Commission or the Donation Commission of the hospital and functions related to the Transplant

14. Participation in the hospital's Transplant Commission or Donation Commission

The leads of the DTC unit must be members of the Transplant Committee of centers with a transplant program or the hospital Donation Committee, committees that discuss, among other aspects, the criteria and training of the teams.

15. Collaboration in the management of transplant waiting lists

In centers with transplant programs, it is recommended that the DTC unit collaborates with transplant teams in managing waiting lists, including the corneal transplant waiting list, ensuring its maintenance and regular updating.

16. Conducting interviews with transplant candidates

In hospitals with transplant programs, the DTC may participate in interviewing transplant candidates, always in collaboration with the transplant teams.

17. Participation in regular meetings with transplant teams

The DTC team must meet periodically with the transplant teams at their center, among other, to design and update operating protocols and review the composition of the transplant teams.

¹⁴Process for the transfer of organs for transplantation without the recovery team. Framework Programme for Quality and Safety. Available at: <https://www.ont.es/wp-content/uploads/2023/06/4.-1.-Proceso-de-traslado-de-organos-para-trasplante-sin-equipo-extractor.pdf>. Accessed: May 2025.

¹⁵Process for the transfer of recovery/transplant teams. Quality and Safety Framework Programme. Available at: <https://www.ont.es/wp-content/uploads/2023/06/4.-2.-Proceso-de-traslado-de-equipos-extractores-trasplantadores.pdf>. Accessed: May 2025.

18. Organization of transplant/implant logistics

The DTC may participate in the organization of tissue transplant/implant logistics, in collaboration with the transplant/implantation teams.¹⁶

Functions related to Training and Communication

19. Training and awareness-raising of healthcare and non-healthcare personnel

The DTC unit has a key role in promoting the integration of donation into advance planning and end-of-life care, helping to generate an institutional culture regarding donation and transplantation and ensuring compliance with the legislation and the ethical framework of reference. To this end, it must carry out training activities,¹⁷ not only targeting members of the DTC unit themselves, but also professionals who care for critically ill patients and all types of healthcare groups (e.g. health inspectors, emergency care professionals, organ and tissue transplant teams, related services that refer patients, primary care physicians) and non-healthcare groups (e.g. administrative staff, judges and prosecutors, registrars of advanced directives).

20. Mentoring other centers

The DTC team, particularly in centers with a high volume of donation and transplant activity, is often responsible for the training of and for mentoring DTC units from other centers within their area of healthcare, with the aim of ensuring the proper development of the donation and transplant process. Mentoring may include possible direct participation in activities carried out at other centers.

21. Development and implementation of communication plans on donation and transplantation

The DTC unit must participate in the development and review of communication plans regarding donation and transplantation in collaboration with the hospital communication unit, as well as ensure their implementation.

22. Crisis or emergency management related to donation and transplantation

It is important that the DTC unit collaborates with the hospital management and the Regional Transplant Coordinators in the management of crises or emergencies related to donation and transplantation, or with a potential impact on this activity.

¹⁶Process for the transfer of recipients for transplantation. Framework Program for Quality and Safety. Available at: <https://www.ont.es/wp-content/uploads/2023/06/4.-3.-Proceso-de-traslado-de-receptores-para-trasplante-de-organos.pdf>. Accessed: May 2025.

¹⁷Training Plan. Quality and Safety Framework Program. Available at: <https://www.ont.es/wp-content/uploads/2023/06/7.-Plan-formativo.pdf>. Accessed: May 2025.

23. Participation in local, regional, and national work meetings related to donation and transplantation

The DTC unit must establish relationships with multiple professionals (e.g., clinical teams, Regional Coordinators, ONT, center management, health department, press professionals), for which they must have sufficient time to conduct the necessary meetings.

Other functions

24. Reporting and management of adverse events and reactions in organ and tissue donation and transplantation (biovigilance)

The DTC is responsible for reporting and managing adverse events and reactions (biovigilance) in the organ and tissue donation and transplantation processes.^{18,19} While a designated professional must be responsible for biovigilance within the DTC team, all coordinators must be involved in this activity and receive training in this area.

25. Participation in the Quality Assurance Program in the Deceased Donation Process¹ or other programs for the evaluation of the donation potential and the effectiveness of the process for continuous improvement

It is the role of the DTC team to participate in the Quality Assurance Program in the Deceased Donation Process,¹ which aims to evaluate and monitor the donation potential and the development of said process to assess its effectiveness and identify opportunities for improvement. To this end, the DTC team must systematically review the medical records of patients who have died in critical care units, enter the data into the Program, and periodically critically review its own results. Although the Program was initially designed specifically for critical care units, it is currently recommended to incorporate information and analyze the process in other units that care for possible donors with neurocritical and non-neurocritical pathologies, where there are significant opportunities for improvement.

26. Participation in donation and transplant information systems

The DTC must complete the Regional or National Registries associated with donation activities until the transplant.

27. Participation in other donation and recovery processes

There are other processes related to donation and recovery that may require the participation of the DTC teams, with the consequent impact on the need to expand the dedication or even the number of professionals who comprise them:

¹⁸National System for the Notification and Management of Adverse Reactions and Events in Organ Donation and Transplantation (Organ Biovigilance). Framework Programme for Quality and Safety. Available at: <https://www.ont.es/wp-content/uploads/2023/06/5.-2.-Sistema-nacional-de-notificacion-y-gestion-de-reacciones-y-eventos-adversos-en-donacion-y-trasplante-de-organos.pdf>. Accessed: May 2025.

¹⁹National Cell and Tissue Transplant Biovigilance System. Available at: https://www.ont.es/wp-content/uploads/2023/08/Sistema_de_Biovigilancia.tejidos.pdf. Accessed: May 2025.

- ✓ In hospitals with uncontrolled DCDD programs, the urgency of the process and the amount of human and material resources needed require a great deal of dedication from the DTC unit.
- ✓ In some centers, the DTC plays a fundamental role in procedures related to living organ donation for kidney or liver transplantation (e.g., interviewing potential donors, assessing their suitability from a medical and psychosocial perspective, and managing the necessary legal authorizations).²⁰ The participation of the DTC team is always key in living donor kidney transplant processes carried out within the context of the National Kidney Paired Exchange Program.²¹
- ✓ In certain hospitals, the DTC team collaborates with the specialist responsible for hematopoietic stem cell transplantation in activities related to promoting hematopoietic stem cell donation.
- ✓ The emergence of treatments categorized as medicines, advanced therapy medicinal products or medical devices that are produced from SoHO, generates the need to consider as a function of the DTC their participation in processes of donation and recovery of SoHO for the purpose of manufacturing these treatments, as well as SoHO for clinical use without such transformation, beyond the organs and tissues already mentioned in this document.

28. Document management of the donation and transplant process

The DTC is responsible for document management of donation and transplant processes.

29. Audit and grant management

The DTC is also responsible for managing internal and external audits of donation and transplant processes, as well as managing (including applications and justification) grants related to its area of competence.

30. Research in donation and transplantation

The excellence of the Spanish Model is also based on the DTC's ability to promote and lead research in the field of donation and transplantation, both in the context of single-center studies and national and international multicenter studies. In research projects that require obtaining biological samples, tissues, or discarded organs from the donor, the DTC must ensure compliance with the ethical and legal requirements that ensure donor protection.

²⁰Valentín MO, Hernández D, Crespo M, et al. Living Donor Kidney Transplantation. Situation analysis and roadmap. *Nephrology* 2021; 42 (1): 1-112. doi: 10.1016/j.nefro.2021.03.008.

²¹National Kidney Paired Exchange Program in Spain. Available at: <https://www.ont.es/wp-content/uploads/2023/06/Programa-de-Donacion-Renal-Cruzada.-Abril-2015.pdf>. Accessed May 2025.

ANNEX 1: WORKING GROUP

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