



Australian Government
Organ and Tissue Authority



Managing correspondence between transplant recipients and donor families

National Standard Operating Procedure

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1 Purpose

This Standard Operating Procedure documents the administrative process for managing the exchange of anonymous correspondence between transplant recipients and donor families, outlining a nationally consistent service, across DonateLife agencies and hospital transplant units.

Health professionals involved in this process acknowledge the importance of the correspondence they are handling and the significance it has to donor families and transplant recipients. The procedures outlined in this document aim to ensure a timely, respectful and accountable process is undertaken in order to foster trust and confidence in the handling of personal and meaningful correspondence.

2 Scope

This Standard Operating Procedure applies to:

- anonymous correspondence between transplant recipients and donor families.
- hospital transplant units and DonateLife Agencies responsible for managing the process of sending anonymous correspondence to the relevant organ transplant recipient or donor family.

Anonymous correspondence is managed in this Standard Operating Procedure to meet current policy and practice, which are guided by the various state and territory Human Tissue Acts, Transplantation and Anatomy Acts, Privacy Acts and associated regulations. DonateLife and hospital transplant unit staff should familiarise themselves with the confidentiality requirements under their relevant state and territory legislation.

3 Responsibilities

This Standard Operating Procedure has been developed in collaboration between the Organ and Tissue Authority (OTA), DonateLife Agencies, State and Territory Health Departments, the Australasian Transplant Coordinators Association (ATCA) and the Transplant Nurses Association (TNA), and the Community Engagement Group of the OTA.

It is the responsibility of all involved to distribute this Standard Operating Procedure to their networks for implementation and to work collaboratively to monitor implementation, and maintain currency of the procedures for managing correspondence between transplant recipients and donor families.

4 Background

Transplant recipients may value the opportunity to express their gratitude to donor families for making the decision to donate. Transplant recipients who consider communicating with donor families may feel a need to know more about the donor and let the donor family know about their post-transplant progress. They may also value receiving correspondence from the donor's family.

Some donor families find that sharing stories and information about their loved one is helpful in their grieving process. The National Donor Family Study¹ consistently reports that receiving information about recipients provides families with comfort about their decision and reassures them that their donation decision was the right one. In almost all cases, donor families agreed that receiving correspondence provides comfort; and are grateful that the recipient reached out to say 'thank you', that their loved one's gift was meaningful and that it changed a life.

“

Mum got a letter that Christmas from one of the recipients. She was ecstatic. A letter about a person who had got their life back and could enjoy their grandchildren and activities because of this donation. And they were very grateful. Mum keeps that letter with her all the time.”

”

2015 – Consented to donation (personal interview)²

“

A letter from one of the recipients to let us know how they are going. That would help make it just a little bit better.”

”

2015 – Consented to donation³

The decision to correspond is a personal choice, all donor families and transplant recipients must have an opportunity to consider if the time is right for them to write or receive correspondence. Whilst there might be consideration that donor families or transplant recipients may not be ready to receive correspondence, ultimately this decision rests with the individual. The correspondence can be held by the DonateLife Agency or Transplant unit until they are ready to receive it.

4.1 Identifying information

In Australia, transplant recipients and donor families can correspond anonymously with each other via their respective hospital transplant unit or DonateLife Agency. It is important that there is an effective system to record incoming and outgoing correspondence to ensure the correspondence reaches its intended destination within a timely manner.

The legal provisions around the disclosure of personal information are outlined in the various Human Tissue Acts, Transplantation and Anatomy Acts and associated regulations for each state and territory. These Acts operate alongside the relevant Privacy Acts or privacy policies of each state and territory.

While there are variations across the relevant state and territory Acts they all work to protect the confidentiality of donors and transplant recipients. Current policy and practice restricts hospital transplant units and DonateLife Agencies from disclosing identifying information that could publicly identify a deceased donor or a transplant recipient. This includes information that could lead to the identification of a person, such as the home address of donor families or recipients and any other personal contact details. Identifying information also includes the name of a recipient's transplant doctor, the hospital where the donation or transplant occurred, or any other potentially identifiable information.

¹ Proof Research Pty Ltd, *National Study of Family Experiences of Organ and Tissue Donation: Wave 3, 2014 and 2015 research report*, Organ and Tissue Authority, Canberra, 2019, p. 81–82.

² Proof Research Pty Ltd, *National Study of Family Experiences of Organ and Tissue Donation: Wave 3, 2014 and 2015 research report*, Organ and Tissue Authority, Canberra, 2019, p. 82

³ Proof Research Pty Ltd, *National Study of Family Experiences of Organ and Tissue Donation: Wave 3, 2014 and 2015 research report*, Organ and Tissue Authority, Canberra, 2019, p. 83

5 Stakeholders

Donor families

Families who have consented to donate their loved ones' organs and/or tissue are referred to as donor families. Donor families can write anonymous letters to their loved one's transplant recipients through DonateLife Agencies.

Transplant recipients

A transplant recipient is a person who has received an organ or tissue transplant as a treatment for a chronic illness to improve their quality of life. Transplant recipients can write anonymous letters to their organ or tissue donor's family through their hospital transplant unit.

Organ and Tissue Authority (OTA)

The OTA works with states and territories, clinicians and the community sector to deliver the Australian Government's national program for organ and tissue donation for transplantation in Australia. The OTA oversees the National Donor Family Study and collaborates with key stakeholders in the development, delivery and review of the National DonateLife Family Support Service (NDFSS) and other national donor family support initiatives.

DonateLife

DonateLife Agencies in each state and territory are responsible for coordinating all organ and tissue donation activity across their jurisdiction. DonateLife agencies work together with hospital staff to deliver best practice donation services, offer compassionate support to donor families, raise awareness about organ and tissue donation and encourage discussion about donation.

Hospital transplant units

Hospital transplant units consist of multidisciplinary teams responsible for the surgical management, assessment and post-operative care of patients, including coordinating the evaluation and preparation of patients for organ transplantation and the long-term management of patients after transplant. Hospital transplant units are located in major hospitals across Australia.

Australian Transplant Coordinators Association (ATCA)

The ATCA is a not for profit membership-based organisation representing staff in the organ and tissue donation and transplantation sector and promotes communication and collaboration amongst organ and tissue donor and transplant professionals in Australia and New Zealand.

Transplant Nurses' Association (TNA)

The TNA promotes and provides current information and education to health professionals working in organ donation and transplantation, encompassing professional and ethical issues. The TNA fosters and facilitates a collaborative environment for transplant health professionals to provide the highest attainable level of patient care including the ongoing support of transplant recipients and their families.

6 Procedures

The process for managing correspondence between transplant recipients and donor families includes a number of checking mechanisms to track the status of the correspondence between transplant units and DonateLife, or vice versa, and to protect and respect the privacy of transplant recipients and donor families.

These checking mechanisms include:

- 1 Receipt of incoming correspondence from a donor family or transplant recipient
- 2 Transferring the correspondence to the relevant hospital transplant unit or DonateLife Agency
- 3 Receipt of the correspondence from the relevant DonateLife Agency or hospital transplant unit
- 4 Confirmation that the donor family or transplant recipient is happy to receive correspondence
- 5 Acknowledgement that the correspondence was sent to the donor family or transplant recipient.

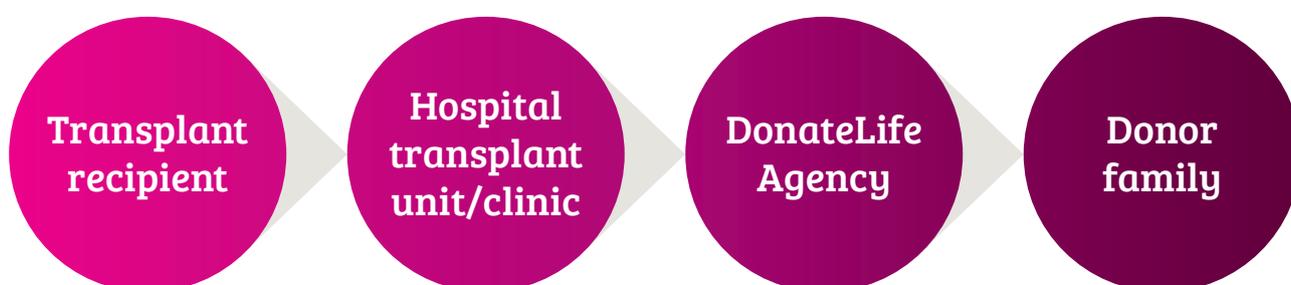
Overall, the process for managing correspondence between a transplant recipient and a donor family, or vice versa, is similar, but there are slight variations due to the circumstances of donation. As such, it is important that transplant units and DonateLife agencies record all stakeholder interactions relating to the timely delivery of correspondence. This includes monitoring and tracking individual pieces of correspondence.

This Standard Operating Procedure acknowledges that although hospital transplant units and DonateLife Agencies should endeavour to complete the correspondence process promptly, timeframes may vary due to unresolved matters with the correspondence or other pressures from within the hospital transplant unit or DonateLife Agencies. Examples of this include:

- difficulties in contacting the transplant recipient or donor family to amend their correspondence due to the inclusion of personal information, or to seek the agreement of the transplant recipient or donor family to receive correspondence.
- an unforeseen event within the hospital transplant unit or DonateLife Agency that impacts on the resources required to manage the correspondence process.

Please note that local practices may vary from paper based to electronic files. Hospital transplant units and DonateLife Agencies should adapt the communication procedures to fit the system in use.

6.1 Managing correspondence from a transplant recipient to a donor family



6.1.1 Communication procedures – Hospital transplant units

Upon receipt of correspondence from a transplant recipient to a donor family, the hospital transplant unit should undertake the following steps:

- 1 Ensure that the correspondence is date stamped in a discreet location (i.e. on the back of the letter) on arrival at the hospital transplant unit. Date stamping is an important part of the process which needs to be done discretely as the correspondence is precious and cherished by donor families.
 - If the correspondence is received through the postal system, or delivered by hand, then the correspondence should be manually date stamped upon receipt.
 - If the correspondence is received via email then the correspondence will have an electronic record of its arrival.
- 2 As soon as practicable and preferably within 72 hours of the correspondence being received, the hospital transplant unit should enter the correspondence details in the hospital transplant unit correspondence log, or similar.
- 3 Ensure the content of the correspondence excludes identifying information, such as:
 - The transplant recipient's name, their address or any other personal contact details.
 - The name of the transplant doctor, the hospital where the transplant operation was performed or any other potentially identifiable information.

If the correspondence contains identifying information the hospital transplant unit should advise the transplant recipient that the correspondence cannot be forwarded in its current form and assist the transplant recipient to amend their correspondence.

Under no circumstance should the hospital transplant unit censor or obscure part of the text in the correspondence. Correspondence should be re-written by the transplant recipient, or by the hospital transplant unit with the permission of the transplant recipient.

- 4 Ensure that a copy of the correspondence is kept on the transplant recipient's confidential file, or similar.

- 5 Forward the correspondence, in its original format, either via the postal system or as an attachment to an email, to the relevant DonateLife contact in the jurisdiction of the donor, with a covering note.

- The covering note should include the date the correspondence was received by the hospital transplant unit, the Donor ID, the type of organ received, and the date of the transplant.
- The hospital transplant unit should also contact DonateLife to inform them that they have sent the correspondence. This forewarning can assist DonateLife in managing the correspondence process.

- 6 Ensure the correspondence log, or similar, is updated to record that the correspondence has been forwarded to DonateLife.

- 7 Inform the transplant recipient that the correspondence has been provided to DonateLife for their action and forwarding onto the donor family.

The hospital transplant unit should receive an update from DonateLife on the progress of the correspondence, whereby the hospital transplant unit should inform the transplant recipient on whether the correspondence was sent to the donor family. If the correspondence was not provided to the donor family, the hospital transplant unit should explain to the transplant recipient the reasons why it was not received, and update the correspondence log, or similar. This may include:

- if the donor family does not wish to receive the correspondence
- if the donor family cannot be contacted
- if DonateLife no longer has up to date contact details for the donor family
- if DonateLife determines that there is identifying information in the correspondence. In this case, the hospital transplant unit may need to assist the transplant recipient to amend their correspondence and resend the amended correspondence.

6.1.2 Communication procedures – DonateLife Agencies

Upon receipt of correspondence to a donor family from a hospital transplant unit, the DonateLife Agency should undertake the following steps:

- 1 Ensure that the correspondence is date stamped in a discreet location (i.e. on the back of the letter) on arrival at the DonateLife Agency. Date stamping is an important part of the process which needs to be done discretely as the correspondence is precious and cherished by donor families
 - If the correspondence is received through the postal system, then the correspondence should be manually date stamped upon receipt.
 - If the correspondence is received via email then the correspondence will have an electronic record of its arrival.
- 2 Within 72 hours of the correspondence being received, DonateLife should:
 - Check the identity of the transplant recipient matches the donor details.
 - Identify the donor family using the Donor ID.
 - Enter the correspondence details in the DonateLife correspondence log, or similar.
 - Confirm receipt of the correspondence with the hospital transplant unit.
- 3 Confirm if the donor family is happy to receive correspondence from a transplant recipient.
 - The donor family may have expressed a wish to receive correspondence, either in writing or by indicating verbally during follow up contact.
 - If DonateLife are unaware of the donor family wishes, attempts should be made to contact them to ascertain their decision about receiving such correspondence.

If the donor family does not wish to receive correspondence, DonateLife should inform the hospital transplant unit who should inform the transplant recipient that the donor family does not wish to receive correspondence at this time.

Donatelife should place the original correspondence on the donor's file, and update the correspondence log and donor database, or similar. No further action is required.

- 4 Ensure the content of the correspondence excludes identifying information, such as:

- The transplant recipient name, their address or any other personal contact details
- The name of the transplant doctor, the hospital where the transplant operation was performed or any other potentially identifiable information.

If the correspondence contains identifying information the DonateLife Agency should contact the hospital transplant unit to request an amendment of the correspondence.

- 5 Ensure that a copy of the correspondence is kept on the donor's file, or scanned into the donor database, or similar.
- 6 Forward the correspondence to the donor family, with a covering letter, and update the correspondence log, or similar. A copy of the covering letter should be maintained in the donor file.
 - The covering letter should acknowledge the generosity of the donor family's decision to donate and explain that the attached correspondence has been received from a transplant recipient.
 - If the correspondence is in hard copy then DonateLife mails the correspondence to the donor family.
 - If the correspondence is electronic then DonateLife prints the correspondence, without any email identifiers (email address, dates etc) and mails it to the donor family.

DonateLife can email the correspondence, if this agreement has been made with the donor family.

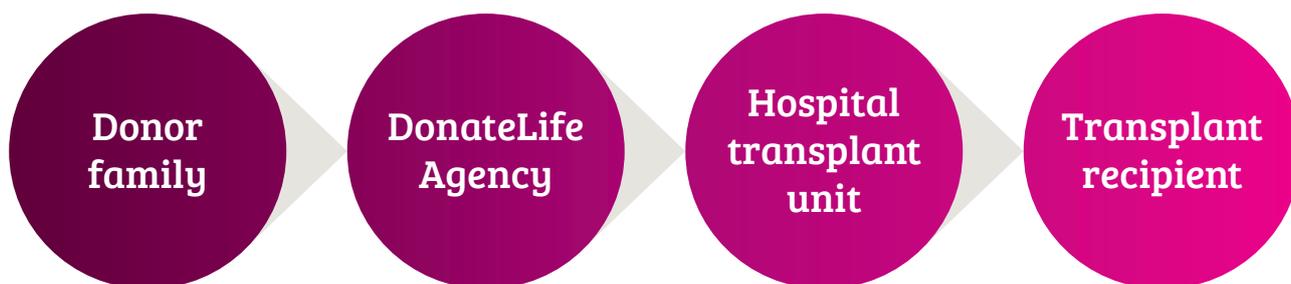
- 7 Inform the hospital transplant unit that the correspondence has been sent to the donor family and ensure that the correspondence log and donor database, or similar, is updated
 - In busy periods, such as Christmas, DonateLife can provide the hospital transplant unit with a single update on the progress of multiple correspondences, if necessary.

DonateLife may not be able to contact the donor family for a number of reasons, such as a change of address or personal contact details. In these instances, DonateLife should inform the hospital transplant unit that they are unable to contact the donor family and the correspondence has not been forwarded. DonateLife should place the original correspondence on the donor's file and update the correspondence log and donor database, or similar.

DonateLife may need to discuss the process for managing multiple donor family contacts with the donor family, and record the outcomes of this discussion in

the Donor Family Support Contact Record Form or the donor database, or similar. This discussion should facilitate an agreement by donor family members on who is to receive the original correspondence. If there is no consensus among donor family members as to who shall receive the original correspondence, then the original correspondence should be provided to the Senior Available Next of Kin or retained by DonateLife, and copies of the correspondence provided to each nominated donor family contact person. DonateLife records this information in the donor database, or similar.

6.2 Managing correspondence from a donor family to a transplant recipient



6.2.1 Communication procedures – DonateLife Agencies

Upon receipt of correspondence from a donor family to a transplant recipient, the DonateLife Agency should undertake the following steps:

- 1 Ensure that the correspondence is date stamped in a discreet location (i.e. on the back of the letter) on arrival at the DonateLife Agency. Date stamping is an important part of the process which needs to be done discretely as the correspondence is precious and cherished by transplant recipients.
 - If the correspondence is received through the postal system, or delivered by hand, then the correspondence should be manually date stamped upon receipt.
 - If the correspondence is received via email then the correspondence will have an electronic record of its arrival.

- 2 Within 72 hours of the correspondence being received, the DonateLife Agency should:

- Identify the Donor ID using the accompanying donor family information.

If there is insufficient information to identify the donor, DonateLife should take all reasonable steps to identify or verify the donor family or donor.

If a donor cannot be verified after reasonable attempts the correspondence is scanned and filed with the date it arrived. No further action is required by the DonateLife Agency.

- Enter the correspondence details in the DonateLife correspondence log, or similar.

3 Ensure the content of the correspondence excludes identifying information, such as:

- The donor's name, or the name of the hospital where donation occurred.
- The donor family's name, address, or any other potentially identifiable information.

If the correspondence contains identifying information, DonateLife should contact the donor family and advise that the correspondence cannot be forwarded in its current form, and assist the donor family to amend their correspondence.

Under no circumstance should DonateLife censor or obscure part of the text in the correspondence. Correspondence should be re-written by the donor family or by DonateLife with the permission of the donor family.

4 Determine if the correspondence is nonspecific, intended to be sent to multiple transplant recipients, or a personalised response to a specific recipient, for example the heart recipient only.

5 Ensure that a copy of the correspondence is kept on the donor's file, or scanned into the donor database, or similar.

- If the correspondence is intended to be forwarded to multiple transplant recipients, DonateLife should make copies for each recipient, and save the original on the donor's file, or scan it into the donor database, or similar.

6 Forward the correspondence, in its original format, either via the postal system or as an attachment to an email, to the relevant hospital transplant unit(s), with a covering note.

- The covering note should include the date the correspondence was received by DonateLife, the Donor ID, the type of organ received, and the date of the transplant.

7 Ensure the correspondence log, or similar, is updated to record the correspondence has been forwarded to the relevant hospital transplant unit(s).

8 Inform the donor family that the correspondence has been provided to the hospital transplant unit for their action and forwarding onto the transplant recipient(s).

DonateLife should receive an update from the hospital transplant unit on the progress of the correspondence, and should inform the donor family if the correspondence was sent to the transplant recipient. If the correspondence was not provided to the transplant recipient, DonateLife should explain to the donor family the reasons why it was not received, and update the correspondence log, or similar. This may include:

- if the transplant recipient does not wish to receive the correspondence
- if the transplant recipient cannot be contacted
- if the hospital transplant unit no longer has up to date contact details for the transplant recipient
- if the hospital transplant unit determines that there is identifying information in the correspondence. In this case, DonateLife may need to assist the donor family to amend their correspondence and resubmit the amended correspondence to the hospital transplant unit.

6.2.2 Communication procedures – Hospital transplant units

Upon receipt of correspondence to a transplant recipient from a DonateLife Agency, the hospital transplant unit should undertake the following steps:

1 Ensure that the correspondence is date stamped in a discreet location (i.e. on the back of the letter) on arrival at the hospital transplant unit. Date stamping is an important part of the process which needs to be done discretely as the correspondence is precious and cherished by transplant recipients.

- If the correspondence is received through the postal system then the correspondence should be manually date stamped upon receipt.

- If the correspondence is received via email then the correspondence will have an electronic record of its arrival.

2 As soon as practicable and preferably within 72 hours of the correspondence being received, the hospital transplant unit should:

- Identify the transplant recipient using the accompanying Donor ID.
- Confirm receipt of the correspondence with the DonateLife Agency.
- Enter the correspondence details in the hospital transplant unit correspondence log, or similar.

- 3** Confirm that the transplant recipient is happy to receive correspondence from their donor's family.
- The transplant recipient may have expressed a desire in writing that they wish to receive correspondence, or indicated this verbally during follow up contact.
 - If the hospital transplant unit is unaware of the transplant recipients wishes, attempts should be made to contact the transplant recipient to ascertain their decision about receiving such correspondence.

If the transplant recipient does not wish to receive correspondence, the hospital transplant unit should inform DonateLife who should inform the donor family that the transplant recipient does not wish to receive correspondence at this time.

The hospital transplant unit should place the original correspondence on the transplant recipients file, or scan into the recipient database, or similar. No further action is required.

- 4** Ensure the content of the correspondence excludes identifying information, such as:
- The donor's name, or the name of the hospital where donation occurred.
 - The donor family's name, address, or any other potentially identifiable information.

If the correspondence contains identifying information the hospital transplant unit will contact the DonateLife Agency to request an amendment of the correspondence.

- 5** Ensure that a copy of the correspondence is kept on the transplant recipients confidential file, or similar.
- 6** Forward the correspondence to the transplant recipient, with a covering letter, and update the correspondence log, or similar. A copy of the covering letter should be maintained in the transplant unit database, or similar.
- The covering letter should explain that the attached correspondence has been received from a donor family.
 - If the correspondence is in hard copy then the hospital transplant unit will mail the correspondence to the transplant recipient or provide it in person during an aftercare meeting.
 - If the correspondence is electronic then hospital transplant unit will print the correspondence, without any email identifiers (email address, dates etc) and mail it to the transplant recipient or provide it in person during an aftercare meeting.

The hospital transplant unit can email the correspondence, if this agreement has been made with the transplant recipient.

- 7** Inform the DonateLife Agency that the correspondence has been sent to the transplant recipient and ensure that the correspondence log and transplant unit database, or similar, is updated.

If contact with the transplant recipient is not possible, the hospital transplant unit should inform DonateLife and update the correspondence log and transplant unit database, or similar, accordingly. The hospital transplant unit should place the original correspondence on the transplant recipient's confidential file.

6.3 Management of correspondence after some time

Donor families or transplant recipients may decide to write their first piece of correspondence several years after donation or transplantation occurred. This may be because they were previously unaware of the possibility of writing or the process involved, or because they may not have been ready to write.

It is not uncommon for a donor family or transplant recipient to send their first piece of correspondence to their respective DonateLife Agency or hospital transplant unit years after donation or transplantation has occurred. Given the length of time since the donation or transplantation, there may be a lack of information on the transplant recipient or the donor family.

If this is the case then the following procedures should be undertaken.

6.3.1 Communication procedures – Hospital transplant units

Upon receipt of correspondence to a transplant recipient from a DonateLife Agency, and after identifying that some time has passed since the transplant, the hospital transplant unit should undertake the following steps:

- 1 Attempt to ascertain the wellbeing of the transplant recipient, and if they are still registered at the same address.
 - If a transplant recipient cannot be contacted, place the letter in the file and inform DonateLife that the correspondence is unable to be forwarded as the transplant unit no longer has contact details for the transplant recipient.
 - If the transplant recipient's details are unchanged, forward the correspondence to the transplant recipient as per the standard process outlined in section 6.2.

As a courtesy, the hospital transplant unit may wish to contact the transplant recipient, acknowledging that a significant period of time has passed, and confirm that the transplant recipient is happy to receive the correspondence.

6.3.2 Communication procedures – DonateLife Agencies

Upon receipt of correspondence to a donor family from a hospital transplant unit, and after identifying that some time has passed since the donation, DonateLife should undertake the following steps:

- 1 Check the identity of the donor matches the recipient details.
- 2 Obtain notes on the donor's history and become familiar with these details.
- 3 Attempt to ascertain if the donor family is still at the same address.
 - If the donor family no longer resides at the address on file, place the correspondence on the donor's file, or scan the correspondence into the donor database, or similar, and let the hospital transplant unit know that DonateLife no longer has contact details for the donor family.
 - If the family details are unchanged, DonateLife should forward the correspondence to the donor family as per the standard process outlined in section 6.1.

As a courtesy, DonateLife should contact the donor family, acknowledging that a significant period of time has passed, and confirm that the donor family is happy to receive the correspondence.

6.4 Correspondence received by a DonateLife Agency directly from a transplant recipient

If a DonateLife Agency receives correspondence directly from a transplant recipient they should work with the relevant hospital transplant unit, noting it may be in a different state or territory, to confirm identifying details and ensure the correspondence is sent onto to the donor family. However, with minimal information, DonateLife may not be able to identify which transplant unit the transplant recipient is connected to, or indeed who the transplant recipient's donor is. In these circumstances, DonateLife should take all reasonable steps to identify or verify the hospital transplant unit or the donor, including contacting the transplant recipient if necessary.

If DonateLife are unable to verify the hospital transplant unit or the donor, DonateLife should place the original correspondence on a file and make a record of the correspondence in the correspondence log.

7 Community engagement

It is the responsibility of hospital transplant units and DonateLife Agencies to ensure that transplant recipients and donor families are aware that they can write anonymous letters and have access to the [correspondence guidelines](#). This includes awareness that correspondence is voluntary, a personal choice and can have benefits to both the donor family and transplant recipients.

7.1 Communication procedures – Hospital transplant units

Hospital transplant units should facilitate awareness of the process for voluntary anonymous correspondence by:

- 1 Providing transplant recipients with the correspondence guidelines during post-operative care.
 - If suitable, the DonateLife thank you cards can be provided at this time to assist transplant recipients in corresponding.
- 2 Displaying the information poster for corresponding with donor families in the hospital transplant units (under development).
- 3 Making a record of conversations with transplant recipients regarding correspondence in accordance with local policy, which may include use of the transplant unit database.

7.2 Communication procedures – DonateLife Agencies

Under the National DonateLife Family Support Service (NDFSS), DonateLife staff must facilitate awareness of the process for voluntary anonymous correspondence by:

- 1 Including correspondence guidelines in the NDFSS initial resource pack, which is provided to donor families approximately two to four weeks post donation.
- 2 If suitable, discuss the option of writing to transplant recipients during the four-week follow up phone call.
- 3 Making a record of conversations with donor families regarding correspondence in accordance with local policy, which may use the Electronic Donor Record or the Donor Family Support Contact Record Form.

Glossary

Donor Family Study	A retrospective study that is conducted every second year to seek feedback on the donation experience of families who were asked to make a donation decision.
DonateLife	The Australian Government brand for all initiatives undertaken as part of the national program to increase organ and tissue donation for transplantation.
DonateLife Agencies	Agencies responsible for delivering the national program in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, donor family support, communications, and data and audit roles.
DonateLife Network	The national network of state and territory-based organ and tissue donation agencies and hospital-based staff focused on increasing organ and tissue donation.
Electronic Donor Record (EDR)	A national electronic web-based IT system for managing the donation process and offering organs for transplantation.
National DonateLife Family Support Service (NDFSS)	The support services and resources offered by DonateLife nationally to all families in Australia who make a decision about organ and tissue donation.

Version control

Version #	Changes made	Release date
1.0	Creation of Standing Operating Procedure	February 2018
2.0	Review undertaken with all relevant stakeholders to update procedures	February 2021
