Cautionary Tales

in Organ Donation and Transplantation

NHS Blood and Transplant

Issue 19, April 2018

Introduction

The current activity levels across the whole of the donation and transplantation pathway are quite amazing. However, we know that with increasing organ donors and transplants, the processes, systems and those that are involved can be increasingly stretched. When this happens it's human nature for things that don't seem as important to not get done. This can include incident reporting and a quick corridor conversation or email can become very tempting. As such, we thank everyone who, under increasing pressures, has reported incidents in order to help improve processes and patient safety. We encourage all to continue to report via the link rather than 'dropping an email' - easy as this seems!

https://www.organdonation.nhs.uk/IncidentSubmission/Pages/IncidentSubmissionForm.aspx

Usually in Cautionary Tales we feedback learning from specifc incidents. There are times however when incidents lead to longer term wider projects and changes that are being explored in the background. In this edition we felt it would be benefical to share some of this 'background' work to reassure all of the actions being taken.

Reporting form – changes pending!

One of the things we are very aware of is that a significant number of those involved in the donation and transplantation pathway are not in front of a computer all day – and we know that the easier and quicker the reporting form is the more likely people are to complete. As such we have recently reviewed the form to ensure it is as easy and user-friendly as possible.

Following this, we have highlighted a number of fields that are not felt necessary, such as those circled here, and these are due to be removed. We have also looked into moving fields to make things more intuative and the possibility of reformatting the form layout. These are currently being worked on and should be able to be implementated later in the year.

Hospital where the incident occurred – search by town / city

NHSBT site where incident occurred
Please Select

H & I lab
Please Select

Microbiology / Virology lab

Haematology / Biochemistry lab

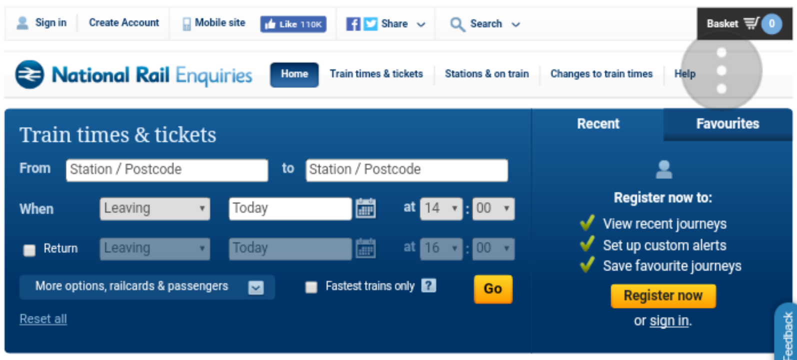
Histo-pathology lab

Organ(s) / Tissue
- Kidney
- Liver
- Pancreas
- Heart
- Lung
- Bowel
- Eye Tissue
- Other Tissue
- Other Organ

There is also work to explore making the form ‘phone friendly’, allowing people to complete a form whilst on the move, travelling from a retrieval and so on. When you open most mainstream websites on your phone you get a ‘phone friendly’ version rather than one that is difficult to navigate on a smaller screen.

So for instance, national rail looks like this on your mobile phone:

And not like this:



Whilst we do not know yet if the ‘mobile view’ is feasible with the integrated IT systems used and the form data fields, we wanted to let you know that we have listened to feedback and we are looking into ways of improving.

Pagers, faxes and emails!

Over the past few months a number of incidents have been reported by centres with the concern that whilst they have received an offer via one route, such as pager, they have not received it via all routes they are ‘signed up’ to. Clearly everyone needs to work together to ensure that the right offers are received by the right centres and so this is an aspect that is being focused on currently to explore any concerns, issues, and solutions. This is ever more important in the changing context of offering and allocation.

The Lead Nurse – Recipient Coordination is currently contacting all transplant centres to ask a number of questions to help inform processes. These include; routes of offers, any concerns the centres have and the IT systems currently being utilised. During these conversations a number of key queries have been raised which we felt it would be helpful to share with all:

- Use of ‘back-up’ – Most centres have a number of mechanisms for which the Hub send an offer. The reason for this is as it says, to be a back-up if one system fails. We all know that mobile phone signals can be poor in certain areas and a pager may have a black spot (even in the same room!); therefore, the back-up is there to ensure that if the primary contact does not receive an offer then the secondary will. Whilst we are all very reliant on IT we also know it is fallible; how many of us have been asked ‘did you not get my text?’, when the sender clearly sent it but you never received it.

- Concerns over removal of fax machine – ODT Hub Operations will no longer being using a traditional fax machine and this has led to concerns by some centres that their fax back-up system would no longer be possible. This is

not the case. Whilst Hub Operations will not fax in the traditional sense, they are able to send a fax via converted email – so whilst it is sent electronically, it will be received in the traditional sense where needed. This means that if fax is a back-up currently it does not need to be changed for this reason.

The Head of Hub Operations is also in the process of contacting centres to carry out test pages in a controlled way. The aim is to be able to highlight any obvious issues with the receipt of pages, and then to work together collaboratively to resolve any problems.

Should your team have any concerns with receiving organ offers please do contact The Head of Hub Operations.

Learning point

- One answer does not fit all due to various aspects such as geographical locations.
- Both transplant centres and NHSBT need to work together to ensure all centres have a robust system to receive offers.

Feedback of new processes…

The key purpose of reporting incidents is to implement changes to improve patient safety. Often these can be small, but occasionally these are wider-reaching process changes.

The histopathology process and histopathology request form, and the positive transport fluid reporting process and associated form are two examples of these wider process changes.

They were designed following significant input by users. We do however know that potential improvements can come to light after things have been used in practice. Both these processes were implemented in January this year, and as they have now been in place for 3 months it is a good time to review if any improvements can potentially be made. To ensure they are as effective and user-friendly as possible and to enable us to review and update as needed, please let us know any feedback via: clinicalgovernance.odt@nhsbt.nhs.uk

Learning point

- The documents and forms are accessible on the ODT website under the relevant section.
- The histopathology process and form can be found here: http://www.odt.nhs.uk/retrieval/policies-and-nors-reports/
- The positive transport fluid form and process can be found here: http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/
- Please let us know any feedback on these forms or processes to enable us to review and update as needed to ensure they are as effective and as user friendly as possible.