

A 6-month Report of Cardiothoracic Organ Offering

INTRODUCTION

Over the years, organ allocation has become more complex and matching runs (lists of recipients or centres that match with the organs offered) have become so lengthy they are difficult to share with SN-OD's who had traditionally undertaken heart, lung and liver offering.

A decision was made by the ODT Hub Programme to transfer responsibility for offering these organs from SNOD's to Hub Operations by April 2018, ensuring safety of our procedures and freeing up SN-OD time to perform their specialised duties. This transferral was done in a phased manner over a three-month period between September and November 2017.

Concerns were raised that non-clinical staff offering organs would not be able to give the level of information needed by recipient coordinators and this may reduce organ acceptance rates and lengthen the donation process.

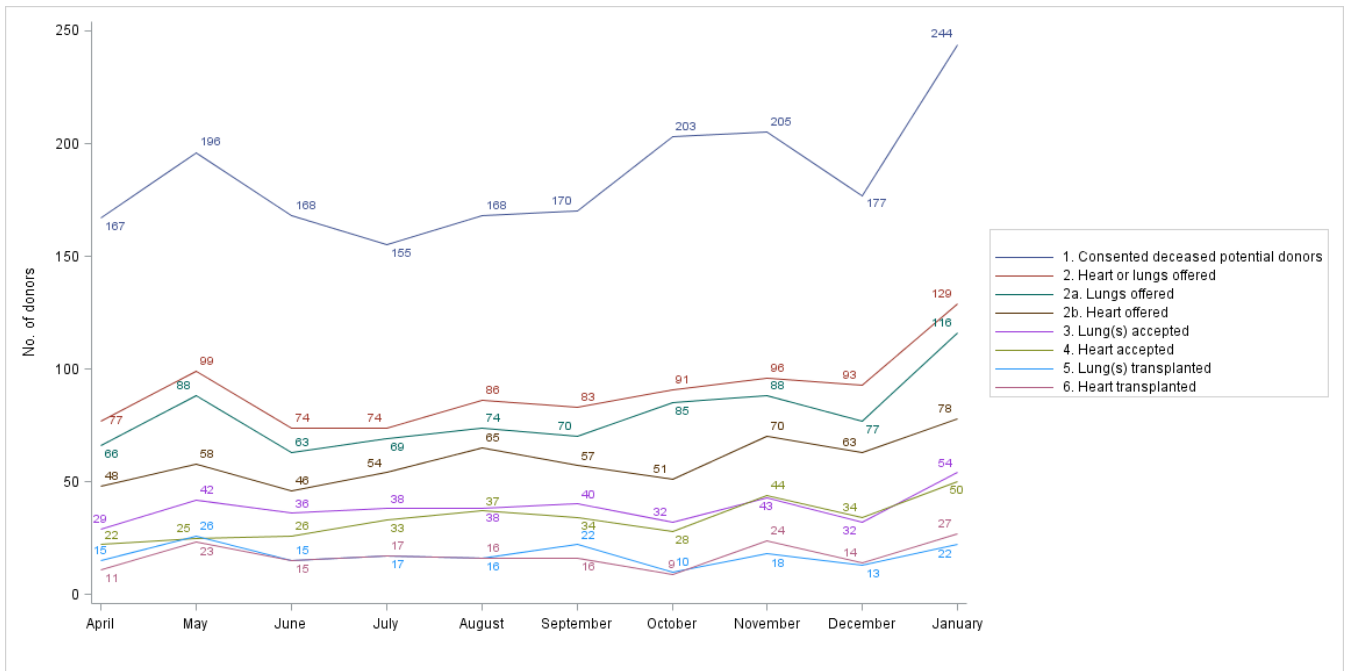
At the same time, following the introduction of a new multi-staged lung allocation scheme in May 2017, simultaneous Group Offering was introduced in June 2017, bringing the routine offering for hearts and lungs into the Hub Operations early.

This report presents evidence concerning the number of offers, acceptances and timings over the time that these changes have taken place.

RESULTS

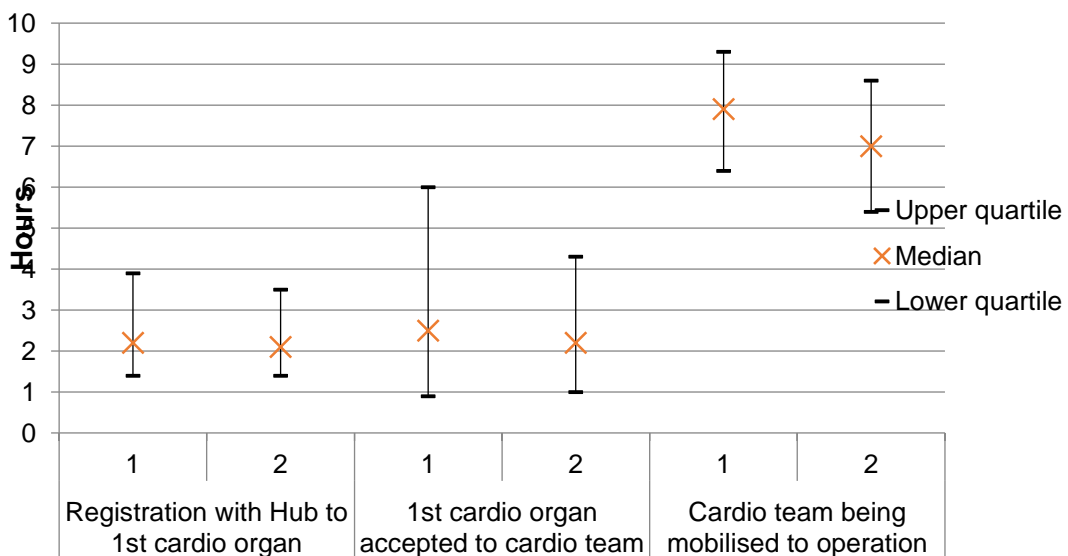
1. Lung acceptance out of offered donors was highest after the introduction of Group Offering (51%-57% during June-September), but the conversion rate from accepted to transplanted has reduced (52% in April, lowest in October at 31% and 41% in January). Heart acceptance out of offered donors has also been higher since June but the conversion rate has remained variable. Monthly variations cannot be solely attributed to Hub Operations undertaking offering, but also the introduction of Group Offering and variations in centre acceptance behaviour.

Offering, acceptance and utilisation from proceeding & non-proceeding donors: April 2017 – Jan 2018



2. Hub Operations (rather than SNODs) undertaking heart and lung offering has not increased timeframes for organ acceptance however there are considerable time delays between organs accepted and booking retrieval teams and surgery starting.

Donation process time intervals: 213 consented donors with at least one cardiothoracic organ accepted Sept – Dec 2017
donors offered by SNOD team (1) donors offered by Hub Operations (2)



3. The timeframe for an all centre decline mirrors that of acceptance with a median time of 2.0 hours from registration to an all centre decline (times range from 20 minutes to 5 hours).

4. Organs are frequently accepted subject to further information becoming available such as HLA or clinical tests such as ECHO. This data is difficult to extract from current data collection where only organ accepted is recorded. This impacts on organ offering as offering stops if 2 centres accept pending further information as we only make 2 offers at any given time (SOP 5139 cardiac manual).

OTHER OFFERING FACTORS

1. Total number of non-urgent offers (centre offers made by SN-OD's before May and group offers made by Hub Operations from June) has shown a slight increase since October, which corresponds with increases in consented potential donors.

2. Lung Allocation Policy changes in May introducing super urgent & urgent tiers has resulted in approximately 80 extra lung offers per month, however in reality this is off-set by the Group Offering non-urgent offers rather than calling around each centre.

Number of urgent and non-urgent heart and lung offers made for consented donors: April 2017 – January 2018

This is not the number of individual offers but the number of times a centre is contacted with an offer as centres are given all named heart or lung offers during one phone call.

		April	May	June	July	August	Sept	Oct	Nov	Dec	Jan
Non-urgent	H	7	10	9	6	13	7	10	10	13	18
	HL	23	30	18	27	28	33	27	36	27	35
	L	43	51	38	35	35	32	50	41	42	64
	Total	73	91	65	68	76	72	87	87	82	117
Super-Urgent/Urgent	H	116	162	111	112	175	156	161	216	138	169
	HL	0	0	0	2	2	0	0	4	4	1
	L	0	43	65	68	62	52	69	94	77	115
	Total	116	205	176	182	239	208	230	314	219	285
Total		189	296	241	250	315	280	317	401	301	402

3. The current process for non-urgent or group offers means that centres who decline a previous offer stating they would not accept any offer from that donor will still receive the group offer. This wakes coordinators up unnecessarily and impacts on workload and the length of time offering takes.

4. Donor registration and organ offering happens overnight with data showing 80% of donors register on the night shift; activity in January would suggest this is closer to 90%.

Proceeding and non-proceeding donor registration times.

UK Note date April 2017 – Sept 2017																									
Hour – night shift highlighted yellow.																									
Days	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	TOT
M	11	4	6	7	2	2	3	0	1	0	0	1	1	2	1	0	6	1	2	3	3	3	9	14	82
T	10	9	10	7	1	2	0	0	1	0	0	0	0	1	1	1	2	6	3	4	5	8	8	17	96
W	13	9	7	3	5	3	1	1	1	2	2	0	1	3	3	1	2	1	4	6	7	5	6	11	97
T	8	5	8	7	6	6	1	1	0	2	2	0	1	1	1	1	1	4	2	3	7	3	6	10	86
F	10	5	4	8	9	1	1	1	2	0	0	2	0	2	1	2	3	5	2	5	4	6	9	8	90
S	9	6	5	3	8	2	1	1	2	1	0	2	0	1	0	2	0	4	3	5	3	5	5	3	71
S	7	8	3	1	6	1	3	0	0	0	3	1	1	2	3	3	2	1	3	6	5	3	7	10	79
TOT	68	46	43	36	37	17	10	4	7	5	7	6	4	12	10	10	16	22	19	32	34	33	50	73	601

5. Hub Operations report they are frequently contacted after an organ offer with questions about information contained in the core donor data form and extra time to consider an offer is given in such circumstances.

CONCLUSION

Non- Clinical staff undertaking organ offering does not seem to have affected organ acceptance rates or lengthened the donation process and group offering has off-set the impact of introducing urgent and super-urgent lung offering.

More work is needed to understand the reasons behind the delays from having an organ accepted to mobilising teams and surgery starting as this may be coming from the lack of clinical information given at time of offering.

RECOMENDATIONS

Hub Operations and the ODT Hub Programme are developing a better organ offering system which will reduce unnecessary organ offers to recipient colleagues.

SNODs are reminded to ensure the core donor data form contains up to date information (such a CXR from the day of donation and blood gasses on 100% if offering lungs) prior to registration with Hub Operations.

Information that was previously given during telephone calls between SNODs and recipient coordinators should be documented in donor path, especially reasons why clinical information such as an ECHO cannot be gained.

Closer collaboration between Hub Operations and SNOD and transplant colleagues is needed to understand what impact this change in organ offering has had.

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March 2018