National Retrieval Group
18 April 2018

Update re NORS Mobilisation

Background

One of the key recommendations from the Organ Donation Taskforce report (ODTF) was for organ retrieval teams to be available 24 hours a day, 365 days a year. When the National Organ Retrieval Service (NORS) was established, it became a contractual requirement for teams to be ready to retrieve within one hour of being notified of a donor. Teams who failed to adhere to this standard, or who refused to mobilise, would be asked to investigate and, if found to be in breach of contract, £10,000 per breach would be withheld from their contract value.

Historically, data on agreed mobilisation time and actual mobilisation time was taken from the paperwork completed by the Specialist Nurse in Organ Donation (SNOD) and by the NORS team – any discrepancies would be included in a monthly report and investigated by the commissioning team.

Following the introduction of a new IT system to support the SNODs, and since the Hub Operations took over coordination of NORS teams, the monthly data was found to be unclean and timings were inconsistent. Discussions with the Hub, NORS teams, Statistics and Clinical Audit and the Organ Donation Services Team (ODST) representative felt that this was due to confusion surrounding the current process of mobilisation (Hub contacts allocated NORS team, NORS team liaises with SNOD re timings).

A rapid improvement event (RIE) was therefore arranged to review and streamline the mobilisation process, to establish clarity around recording key timings, and to ensure the right team is in the right place at the right time.

The RIE took place on Thursday 22 March 2018 and was attended by representatives from the Hub, ODST, Statistics and Clinical Studies, and Commissioning. Each stage of the mobilisation process was reviewed, issues/waste identified, and changes/clarifications to current process were agreed.

Outcomes/Actions from the Rapid Improvement Event

At the start of the event, the ideal state was discussed and the following themes/principles were agreed:

- To explore doing things differently and develop a process that works for all stakeholders.
- Current process is fragmented – endeavour to clarify and centralise as much as possible
- To develop clear guidelines aligned to key documents.

- Aim to reduce the number of reported mobilisation incidents
- Agree a process of monitoring incidents in future
- To be conscious of the wider organisation/NHS and consider excessive transport costs (in Quarter Four to date £400k had been spent on flight costs just for the NORS teams on the national transport contract)
- To consider the impact of extended travel times on members of the NORS teams and the safety of the retrieval process.
- To try to reduce disutility of the NORS teams where possible.
- Where possible to avoid delays at the donor hospital and to avoid the impact on theatre availability due to delays.
- To clarify definitions (eg “agreed mobilisation time”) and recording of timings
- Streamline current processes to avoid offline conversations
- To empower members of the Hub Operations (HO) team and avoid escalating logistical issues to the Regional Manager on call wherever possible
- Reduce the impact on recipients due to delays
- Acknowledge the increasing workload of Recipient Centre Points of Contact (RCPOC).

The following actions/changes to the process were agreed:

1. In acknowledgement of mobilisation usually being carried out by RCPOCs who might not be familiar with the contractual requirements, a single process will be written
2. To develop a checklist of questions related to the donor for HO to ask SNOD. HO will then convey the information to the NORS team, removing the need for duplicate discussions in most cases.
3. Checklist of questions to include “is the NORS team going to arrive before or during the theatre/ICU handover period? If so can this be avoided by the team mobilising slightly later?
4. HO provisionally allocates a team based on theatre, availability etc – currently theatre time is not necessarily known at this stage. Ensure theatre time is available in most cases so HO can allocate the most appropriate team.
5. HO to use key phrases when dealing with surgeons/RCPOCs refusing to mobilise.
6. Commissioning team to clarify what is meant by “agreed” muster time, what are acceptable delays to mobilisation? What constitutes a breach?
7. Timings – calculator to include cross-clamp time so HO can work out assumed time of retrieval and return to base time so teams can be better coordinated and mobilised.
8. Currently there is a rule that NORS teams cannot be booked more than five hours in advance. The HO will have the authority to override this rule.
9. Clear guidelines for HO on how to handle teams requesting to retrieve own organs – suggest this is not to be agreed on clinical grounds other

than those in the standards, but accepting centre can go if most logistically sensible, and they are willing/able to do so (if not on call).
10. Issues that cannot be resolved by the NTLC/Team Manager in the Hub will be escalated the Regional Manager (RM) via the Hub, eg the SNOD will not contact the RM on call directly.
11. If a request is made to mobilise a NORS team before an organ has been placed (family withdrawing consent/donor unstable), this must be approved by the RM on call (HO to escalate). Review these requests going forward – RMs to be notified of trends eg related to a particular region.
12. Wherever possible, the SNOD should avoid changing the NORS mobilisation time, but if necessary this must be communicated to the team via the Hub.

Investigating Issues/Monitoring Trends:

Any issues to be reported via the incident reporting process so that issues can be captured/investigated and trends monitored. To hold a single telecon fortnightly to discuss mobilisation issues and invite HO.

Questions/Recommendations to NRG:

NRG is asked to discuss and agree the following recommendations:

1. To request a 10 minute standing agenda item at future NRG meetings on NORS mobilisation so that issues can be addressed and trends and learning can be shared.
2. Flights – to change to the principle that NORS teams will travel to the donor hospital via the quickest route, unless the road journey is greater than four hours.
3. For part time teams, the single point of contact/RCPOC must be ready to take calls two hours prior to the start of their week on call so that the team is ready to go when their week on call starts.
4. NORS teams are still not notifying us of return to base. Therefore, HO will assume teams not on national transport framework are back at base from the key timings (x-clamp, retrieval time travel time etc). Teams will then be asked to mobilise from that assumed time and if they fail to do so this will be investigated as a breach to the contract.
5. To agree in principle that in future (at least 12 months from now), the HO will coordinate all transport, including booking flights.

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