NHS Blood and Transplant

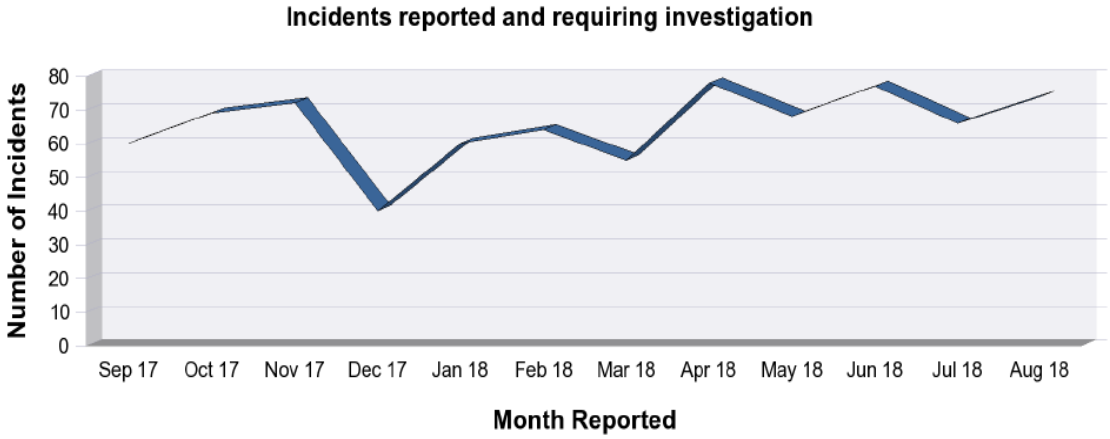
Cardiothoracic Advisory Group
ODT Clinical Governance Report

1. Status – Confidential

2. Action Requested

CTAG are requested to note the findings within this report and respond to questions raised below

3. Data



4. Learning from reports

Below is a summary of the findings and learning from key clinical governance reports submitted to ODT between 1st April 2018 – 6th Sept 2018:

Date reported: 10th August
Reference: INC 3432

What was reported
On receiving a heart, it was not packed in adequate amount of ice, and the ice present was solid ice cubes - heart transplanted
Findings investigation
The ice machine the centre had previously used had recently been changed due to isolation of bacterial growth in the previous ice machine. The new machine has been highlighted to be producing large cubes rather than ice slush that is required. This has now been reported and the machine is being replaced to one that produces slush that will enable the organ to be covered sufficiently
Learning

As not all ice machines produce slush, ensure replacement ice machines produce the correct ice required for retrievals and organ packing

Date reported: 16th July & 31st July
Reference: INC 3379 & 3410

What was reported
Lack of clarity over use of T-A NRP/NRP when centres differ in opinion on its use, multiple teams present for retrievals utilising T-A NRP/NRP, delays in retrieval due to T-A NRP/NRP facilitation
Findings investigation
Due to the complexities and multiple reports over T-A NRP/NRP these cases are being used for the Clinical Governance 'deep dive' review
Learning
Following the 'deep dive' learning will be shared, however it was felt beneficial to highlight to CTAG that there are reports related to NRP usage. Prior to CTAG, these issues are being discussed at RINTAG (Research and Innovation in Transplantation Advisory Group) and NRG (National Retrieval Group). There is sometimes difficulty for the familiar NORS arrangements to accommodate the changes as we move towards increased use of new perfusion technologies. The discussions at these other groups, just a few days before, will be reported verbally to CTAG

Date reported: 6th August
Reference: INC 3420

What was reported
A paediatric heart was offered to the 1st paediatric centre 1 (for 6 recipients) and not offered to the 2nd paediatric centre. The 2nd centre stated they would have considered the heart for transplantation.
Findings investigation
It was found that a second ECHO was performed by a paediatric cardiology registrar (the first ECHO was carried out by an adult on call registrar) and this was discussed directly with the Transplant Surgical Consultant at the 1st paediatric centre (who were likely to accept). At this point a decision was reached that the heart was not transplantable, therefore the heart was not offered on. Following further discussion, it has been highlighted that the 2nd centre would consider suboptimal hearts.
Learning
Considerations for CTAG:

• Do the organ specific contraindications need to change to consider if all paediatric hearts are offered to both centres irrespective of function? • Is it appropriate to stop offering for adult heart offers, when the accepting centre declines on function when the heart has been assessed on site?

Date reported: 8th & 29th August
Reference: INC 3425 & 3479

What was reported
Prolonged cardiac and lung offering process as centres would not accept/decline heart/lungs without HLA.
Findings investigation
Ongoing reports that centres are unable to make a clear decision regarding acceptance until donor HLA has been received due to recipient sensitivities.
Learning
A group reviewing the length of the donation pathway have reviewed this aspect and feel that it should be reconsidered that offering cardiothoracic organs should not be done prior to donor HLA being received. CTAG to decide if CT offering should not be commenced until HLA received.

Date reported: 2nd May 2018
Reference: INC 3207

What was reported
Heart was damaged at retrieval and decision taken by accepting centre (who were also in attendance with the Organ Care System (OCS)) that it was not transplantable. Accepting cardiothoracic centre documented on HTA-B form as “severe surgical damage at retrieval.”
Findings investigation
HTA-form documentation "damage to right inter-atrial septum.” The CT NORS team reported that there was inadvertent damage to the inter-atrial septum during retrieval. The retrieval surgeons are unclear how the damage occurred however suggested that it may have been due to the fact that the heart was quite small for the age group of the donor and could have occurred: - During venting of the left side of the heart - possibly the knife went in too deep and caused damage to the intra-atrial septum - During cannulation of the right atrium The accepting centre discussed the event in their team meeting and reviewed the video of the OCS. They additionally noted that there was damage to the circumflex artery which resulted in a very low coronary flow.
Learning

The retrieval surgeon recognises the importance of avoiding surgical damage to the heart and apologised for the loss of the organ; it is important to note however there is no suggestion that there was any deviation from routine process and they stated that they completed the retrieval as routine and are unclear how the damage occurred.

The CT centre have discussed the incident among the wider surgical team for awareness and highlighted that the utmost care must be taken and that every retrieval should be approached according to the individual specifications of the donor.

5. Summary from National Lead for Clinical Governance

Incident Reporting is a good way to highlight issues, and ensure they are properly investigated. But most importantly, it is a way of enabling learning from past problems, and sharing this learning around the appropriate community

6. Requirement from CTAG

From INC 3425 & 3479:

- CTAG to decide if CT offering should not be commenced until HLA received.

Following INC 3420:

- Do the organ specific contraindications need to change to consider if all paediatric hearts are offered to both centres irrespective of function?
- Is it appropriate to stop offering for adult heart offers, when the accepting centre declines on function when the heart has been assessed on site?

Authors

John Dark
National Lead for Clinical Governance

Jeanette Foley
Head of Clinical Governance
ODT Clinical Governance Team