

## **Cardiothoracic Offering and Hub Operations**

### **Update and questions to CTAG**

Offering of all cardiothoracic organs with the exception of DCD hearts became the responsibility of Hub Operations in December 2017. The main reason for doing this was that ODT wanted to move away from verbal offering and use the electronic offering system and this in turn would free up SNOD time at a donor and be beneficial for the donation process. The second reason was that offering was split between SNOD and Hub Operations and SNODs do not have the capacity to send fast track or group offers. As the organ offering systems have become more complicated the decision was made to have only one group of people responsible for organ offers.

We anticipated a reduction in amount of clinical information given to recipient colleagues but felt this would be acceptable because as stated previously, best practice is to have all information shared through the electronic offer. It quickly became apparent that in many cases we were offering organs when there was insufficient information on which to make a decision.

There is no accurate data on the number of times recipient colleagues asked for further information but several themes became apparent. These were raised by Hub Operations with SNOD colleagues and as a result the SNOD Practice Development Team are undertaking refresher training in October for all SNODs on the need for thorough data entry within the core donor data form.

#### **Specific CT donor characterisation training for SNODs: -**

Chest X Ray – always from the day of donation if heart or lungs are being offered

Full range of blood results - within 12 hours of organ offering

Blood gasses – if lungs being offered - must be one set on current ventilation and one set on 100% and within 4 hours of organ offering. 100% gasses to be repeated and updated on EOS every four hours after offering starts

MRI or CT (done as part of patient assessment) - documented or offered as an email attachment to centres if required

ECG - within 12 hours of organ offering

ECHO – SNODs are encouraged to try and get an ECHO early in the process so this information is available but when they are unable to do so this must be clearly documented on EOS in general comments

PA catheter or cardiac output monitoring – initial values and another set within 4 hours of organ offering wherever possible

Haemodynamic status and inotropic levels – updated within 4 hours of organ offering

SNOD management are looking at the information contained within the CDDF and a request can be made to create more data fields if necessary.

**Proposed changes to organ offering = Agreement is sought from CTAG for the following changes.**

**Donor HLA is always documented on EOS before organs are offered** – with the exceptions of when a family are going to withdraw consent as the process is taking too long, or when the donor is unstable and cannot be stabilised – in both cases agreement needs sought from Regional Managers to offer without HLA. In almost every case if HLA is back then virology will also be back so organs should not be offered without donor virology.

**Screening calls where a donor is turned down will stop Hub Ops making an organ offer** – if lungs are discussed with a centre and the SNOD is told that centre would not want to receive organs from that donor, and this reason for this is shared with Hub Ops, then no offer will be made to that centre by Hub Ops. For statistical purposes Hub Ops will document the decline reason the SNOD has given against the centre offer as if given by the centre themselves. This will not be introduced until changes are made within Hub Ops - in particular donor lead where one person in Hub Ops is responsible for one donor.

**Centres who cannot make an organ acceptance decision because there is no ECHO (and no possibility of getting an ECHO) are recorded as declining that offer** – there are many cases where SNODs are unable to obtain an ECHO, or can only get an ECHO the following day (immediately before surgery) and Hub Ops are asked to offer organs without this information. However, we then have centres say they cannot make a decision on an offer without an ECHO and we currently document this as a decline.

**Delaying organ offers to centres at times of high activity is not possible** – we are asking SNODs if we can delay donor registration and therefore offering, but this usually not possible, so we will continue to give more time to centres who have received multiple offers.

**Receiving group offers after stating you would not accept any organ from that donor will stop** – and only centres not contacted during urgent offering will be contacted – agreed by governance to be introduced when Hub Ops process allow - which is next year.

Jacki Newby

Head of Referral and Offering

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