NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

NATIONAL RETRIEVAL GROUP

Delays at the Donor Hospital

Background

Over the last few months there has been an increase in the amount of time the National Organ Retrieval Service (NORS) teams wait at the donor hospital before they undertake a retrieval. A delay of under one hour is the target, however currently the statistics show longer delays. A longer wait impacts not only on the NORS Team's health and wellbeing, but overall availability, as if one team is waiting for a donor to proceed, they are not available on the NORS calculator to attend another retrieval.

Each month the Commissioning Team reviews the data to analyse the results and look for trends. The team has noticed an overall increase in delays at the donor hospital and has investigated the reasons for these delays.

On the RTI form the waiting time is calculated from the time the fully staffed team arrive at the donor hospital to the time that the team gain access to the donor theatre.

Analysis – Data and Process

To look at the causes of the delays in more detail the Statistics and Clinical Studies team was asked to run a report covering the 12 months from 1st April 2017 to 31st March 2018 to show waiting times over one hour. These data were collected from the Retrieval Team Information (RTI) form which is completed by the retrieval team for each donor attendance.

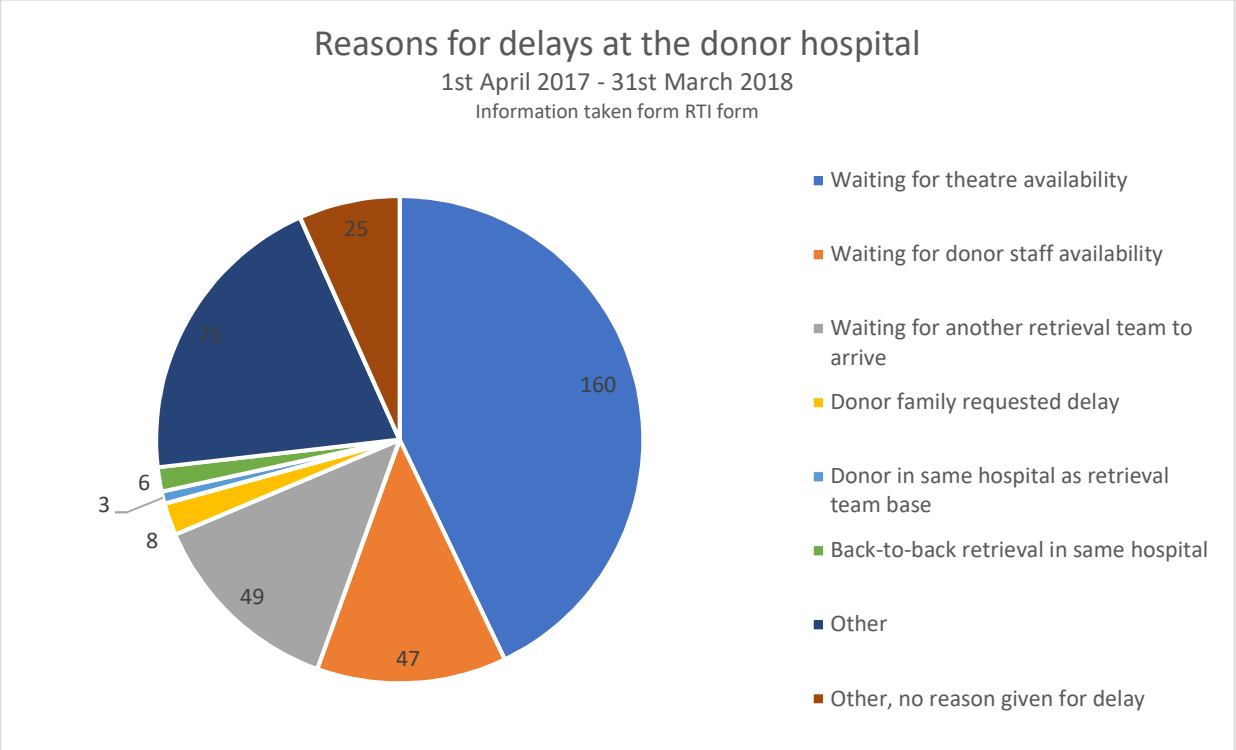
On the RTI form each NORS team can select a reason for the delay from a pre-selected list;

- Waiting for theatre availability
- Waiting for donor staff availability
- Waiting for another retrieval team to arrive
- Donor family requested delay
- Donor in same hospital as retrieval team base
- Back-to-back retrieval at same hospital
- Other, please specify

When reviewing the data 20% of the completed RTI forms during this period were categorised as "Other". Although some teams had completed the free text field to explain the reason for the delay, many RTI forms were left blank, so it has not been possible to establish the reason in these cases. Further investigations showed that selecting "Other" was incorrect as one of the main categories should have been

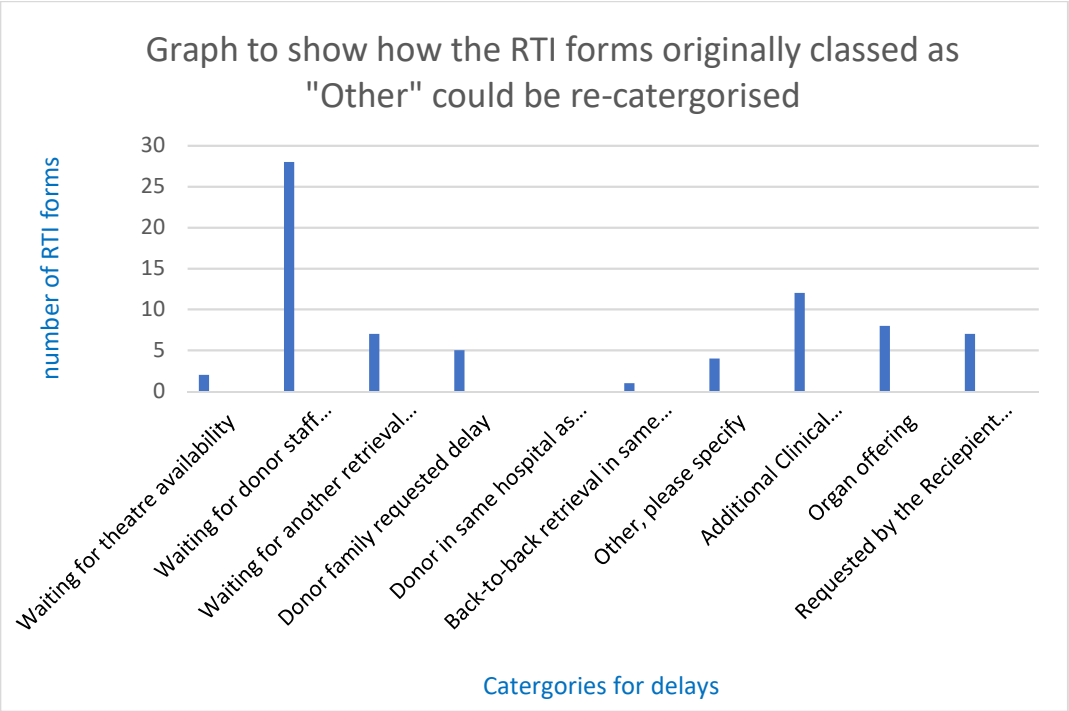
selected. For example, “Waiting to transfer the patient” could have been categorised as “Waiting for donor staff availability”.

The graph below shows the categories and reasons for the delays at the donor hospital. There were 373 delays over 1 hour during this period. The brown slice represents the number of RTI forms not fully completed, and the dark blue slice shows the number of times the category “Other” was selected - in total just over a quarter of all forms.



The RTI forms which been given the category of “Other” were investigated and, where possible, were re-categorised into one of the existing categories.

The bar chart below shows the forms originally classed as “Other” and to where they were re-categorised.



The data showed that additional categories would be beneficial to understand the causes of delays. For example, the introduction of “Delay related to donor - additional clinical tests/investigations” would highlight delays caused by further testing, “Organ offering”, for delays due to Hub Operations re-offering the organs and “Recipient centre requested delay” would show delays that have been requested by the Recipient Centres.

These additional categories would assist with clearly identifying the reason for delays along the donation pathway. The use of “Other” would then only be used for a very small number of delays outside these fields, for example arrival at wrong department, no scrubs available, and could be investigated on a case by case basis.

Guidance for NORS teams on how to correctly complete the RTI form is now available on the ODT website, and a copy has been attached as an appendix to this paper.

Summary

Delays at the donor hospital are increasing but to fully understand the reasons for the delays, it is imperative that the RTI form is correctly completed. The use of the category “Other” must only be used when the delay falls outside the reasons offered on the RTI form. A short statement outlining the reason for an “Other” delay must be included in the free text field. Until the RTI data is complete it is not possible to fully analyse the causes of the delays in detail.

Recommendations to NRG

NRG is asked to:

- Notify all NORS centres of the problem with incomplete returns and to reiterate the importance of fully completing the RTI form

- Request that the category “Other” is only used if a delay falls outside the pre-selected list, and an explanation must be given in the free text box on the RTI form.

- Review the current list of categories and advise whether additional fields should be included. For example, **Delay related to donor - additional clinical tests/investigations, Organ offering** and **Requested by the Recipient Centre**.

- Advise whether the current metric to measure delays on the RTI form is correct (time when the fully staffed team arrives at the donor hospital to the time when the team gains access to the donor theatre).

Lesa Hall
Commissioning Business Support Assistant
0117 9757451

Appendix A

RTI Guidance can be found at: https://www.odt.nhs.uk/retrieval/policies-and-nors-reports/

INFORMATION DOCUMENT INF1365/2 Effective: 20/09/18

Completion Guidelines for Retrieval Team Information (RTI) Forms (FRM4125)

NHS Blood and Transplant

A form must be completed every time your retrieval team agrees a departure time to attend a donation, **whether or not you actually leave your base unit.**

It is vital that forms are completed legibly, accurately and with as much information as possible to ensure that your team data and Key Performance Indicators reflect accurately your team activity and performance. All forms should be completed and returned to ODT Hub Information Services within 3 days. Please see General Notes on the front of the form (FRM4125) for directions on how to complete the form and see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

SECTION 1 – DONOR DETAILS

Date Donor notified *(mandatory field)*

- Date when the NORS team received their first call from the SNOD/Hub Operations.

ODT Donor Number *(mandatory field)*

- Donor number must be completed in every case as there is no other information on the form to identify the donor.

Donor Hospital *(mandatory field)*

- Full name of the hospital must be completed, not simply the name of the town or city.

SECTION 2 – RETRIEVAL TEAM ATTENDING

Team Code *(mandatory field)*

- Team code must be completed using codes listed on the coversheet.
- Complete free text box if team is not listed (use code 60/61).

Time agreed with SNOD/Hub Operations that fully staffed team should leave base hospital *(mandatory field)*

- Always enter the date and time you were asked to leave base.
- If you are already at the hospital because you are attending another retrieval there, or it is your base unit, enter the time that you agree to leave for the theatre.

Time that fully staffed team actually left base hospital

- Always enter the date and time your team left base.
- If already at that hospital, enter time as the time you left for the donor theatre.

Reason for delay (if > 30 mins)

- Full reason must be provided if the delay is more than 30 minutes between the agreed time and the actual departure time. This will be referred to when investigating whether a breach to the 1-hour muster time has occurred.

Time that fully staffed team arrived at donor hospital

- Only enter the date and time that your complete team (i.e. all members of the retrieval team) arrived.
- Reason for delay (if > 30 mins)
  - Full reason must be provided if the delay is more than 30 minutes after expected arrival time.
  - This will be referred to if a delay is identified on the KPI reports.

Was there a flight involved in the journey from the base hospital to donor hospital?

- Enter 1 for No
- Enter 2 for Yes
- If you are already at the hospital that you originally flew to because you have attended another retrieval there, then enter 2 (Yes).

Time that your team gained access to donor theatre

- Enter time that you were able to access donor theatre
  If delay >1 hour from arrival at hospital to accessing donor theatre, please state reason why.
  - Enter appropriate reason code listed on the coversheet
  - If other (code 8), you **must** complete the free text box stating the reason for delays.

Did your team stand down from this donor before knife to skin?

- Enter 1 for No
- Enter 2 for Yes

If yes, time that your team stood down

- Enter the date and time that team stood down.
- This should be the time when abdominal/cardiothoracic organ donation is no longer considered.

Reason your team stood down

- Enter appropriate code listed on the coversheet.
- If other (code 8), you **must** complete free text box.

Time that your team started operating (knife to skin)

- Please enter time of knife to skin.
- If another team performed knife to skin, enter the time your team began operating.

Time that donor operation ended (skin closure)

- Complete only if relevant to your team.
- Leave blank if your team did not perform skin closure.

Time that team left donor theatre

- If the team gained access to the donor theatre, then the date and time your team left the donor theatre must be provided.
- You must complete this even if the team are going to another retrieval at the same hospital.

Retrieval team membership - name of lead surgeon for your team

- Forename and surname of the lead retrieval surgeon must be legible and provided in block capitals.

Please indicate:

Number of assisting surgeons

- The **number** of assisting surgeons must be provided.

Scrub nurse

- Enter 1 for No – if no scrub nurse present.
- Enter 2 for Yes – if scrub nurse was present.

Theatre practitioner

- Enter 1 for No – if no theatre practitioner present.
- Enter 2 for Yes – if theatre practitioner was present.

Names of assisting surgeons for your team

- Forename and surname must legible be provided in block capital letters for all surgeons in your abdominal/cardiothoracic team.
- **Exclude** staff provided by the local hospital.

SECTION 3 – ORGAN DETAILS

Organs Retrieved by your team?

- Complete this section if the team proceeded to knife to skin and did not stand down.
- Do not complete this section if the team stood down before knife to skin (it is non-proceeding for that team).
- Only complete the organ section that is relevant to your team.
- Leave blank if not relevant.
- If any organ is not dispatched from the theatre and returned to the body, it should be recorded as **not** retrieved (code 1).
- If organs within your remit were retrieved by another team, e.g. you retrieved the liver but the kidneys were retrieved by another team, please note this in the comments section below.
- **Heart valves**: If there was never an intention for the heart to be transplanted and it was only taken for valves, heart should be recorded as not retrieved (code1).
- **Partial Pancreas**: If part of the pancreas is taken along with the small bowel then the pancreas should be recorded as **not** retrieved as the whole pancreas has not been taken as a whole organ (code 1).
- **Multi-visceral retrievals:** This retrieval will be attended by the accepting intestinal team who will retrieve all abdominal organs, as detailed in the NORS Standards document.

If retrieved, grade of damage after retrieval and additional damage information

- Enter 0 – if an organ is retrieved with no damage.
- Enter 1 – for mild surgical damage (not requiring surgical repair).
- Enter 2 – for moderate damage (requiring surgical repair to make organ usable).
- Enter 3 – for severe damage (organ unusable due to damage).
- If code 1, 2 or 3 is entered, a description of damage must be provided.
- Only surgical damage should be reported.
- Do not record if organs are damaged for any other reason than surgical damage.
- Poor perfusion **must not** be recorded as surgical damage but must be reported to the implanting surgeon. The quality of the perfusion is recorded on the HTA-A form accompanying the abdominal organs.

If not retrieved, reason(s) including supplementary information if required

- Enter codes listed on the coversheet.
- If offered organ is not retrieved, a Primary code must be provided.
- Use the Secondary or Tertiary boxes as appropriate.
- Supplementary text if provided must be legible.

SECTION 4 – COMMENTS

Comments

- It is important to detail any issues involved with this retrieval (e.g. delays, difficulties at donor hospital, transport problems, etc).
- Note any photographs taken and shared with the recipient team.
- For cardiothoracic teams: Note if a scout from the team attended the donor prior to the complete team attending.
- Ensure all text is legible for data inputting purposes.

SECTION 5 – FORM COMPLETER DETAILS

Form completer details

- Enter name and contact number of the person completing the form so that any queries can be directed to that person.

Enter date form completed.