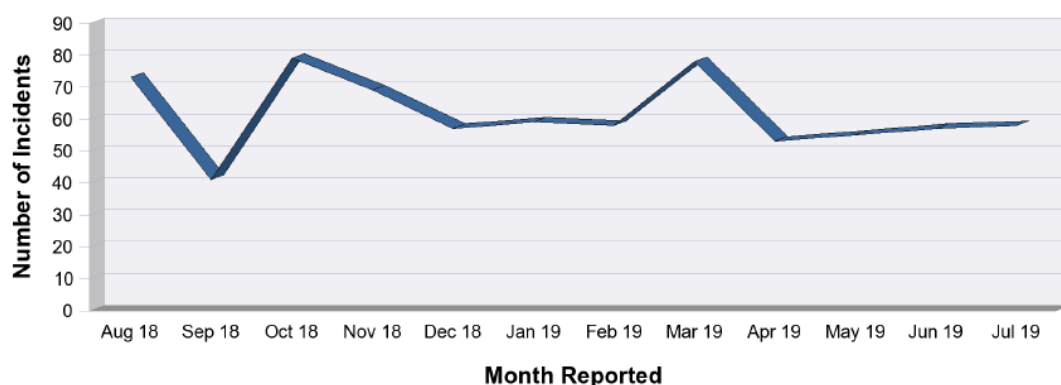


**Cardiothoracic (Lung) Advisory Group
ODT Clinical Governance Report September 2019**

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. Whilst both cases involve hearts, these cases have been raised due to their relevance to CTAG (Lung):

Date reported: 13th June 2019

Reference: INC 4062

What was reported
DCD heart and lung were offered and accepted out of sequence. This was a centre offer and so no named patient was disadvantaged.
Investigation findings
A request was made by a centre to move a heart-lung patient from the urgent list onto the super urgent list due to their clinical deterioration. When this was declined (for various reasons, including the fact that they did not meet criteria) the centre contacted the SNOD Team and Hub Operations to request an increase on their DCD heart age acceptance criteria. No request to prioritise the patient was made, simply an increase on age acceptance so they would consider older donor offers.

When a suitable donor proceeded the above request led to confusion with the allocation as the term 'special prioritisation' was used (which was not requested by the centre) and the offer was made to this centre out of sequence. This was escalated, and following significant discussions an agreement was made between centres on who should receive the offer.

The heart-lungs were transplanted successfully.

Learning

There were many learning points from this case:

- The Hub Operations staff involved have reflected and are aware that the use of the term 'special prioritisation' should only be used when a patient is prioritised over and above all patients, and this will be very clearly specified if this is the case.
- The SNOD has reflected that the communication with the recipient coordinators should be timely and clear and facts should be confirmed rather than assumptions made, which contributed to the confusion in this case.
- DCD hearts are the only organs now offered by the SNOD and this is being monitored as the DCD heart programme expands.
- CTAG are asked to consider if the need for a super urgent heart-lung category should be revisited.

Date reported: 22nd February 2019

Reference: INC 3840

What was reported

There was a delay in the heart being handed over to transport which resulted in the heart being declined by the transplant centre due to the increased CIT (timings were already on the border of acceptable).

Investigation findings

Due to the impact on the recipient and the loss of a transplantable heart, this was raised as a Serious Incident within NHSBT and a full root cause analysis (RCA) completed.

Whilst there were a number of contributing factors to this case, the RCA highlighted that there was no clear delineation of responsibility as to who was responsible for taking the organ out to the awaiting driver (SNOD or OPP) and both the SNOD and OPP was of the belief the other was responsible.

Learning

Following on from the RCA and the associated recommendations a workshop was held (with representatives from CT and abdominal OPPs and SNODs) to agree who is best placed to hand over CT organs to the transport provider, so a recurrence of this incident can be prevented.

It has been agreed that the NORS team OPP is responsible for the immediate dispatch of organs to recipient centres. It is important to note however that it is also stipulated that if the OPP is still required in theatre this responsibility can be handed over to the SNOD; this will need to be a clear discussion to ensure the SNOD is aware it is then their responsibility.

A 'Cardiothoracic Perfusion and Preservation' MPD has now been developed that clearly states the roles and responsibilities (unlike abdominal, there was not a cardiothoracic MPD previously). This is in the process of being shared with all relevant staff groups.

This case also raised the question as to whether it would be beneficial to 'back up' hearts where there is likely to be significant geographical distances. Whilst on this occasion the delay was avoidable, it is known that factors can impact, such as changing weather conditions which can prevent planes landing etc. which may then subsequently lead to the decline of a transplantable heart due to logistics.

The concerns around the use of novel technologies (such as NRP and OCS) and their impact on the retrieval process continue to be raised. This was discussed at ODT CARE in August, particularly the use of the OCS and having more than one CT retrieval team in attendance. This has been raised with the chairs of the newly developed Novel Technology Implementation Group as this is likely to be the best forum to discuss an agreeable solution for all involved.

5. Requirement from CTAG

INC 4062 - CTAG heart have been asked to consider if the need for a super urgent heart-lung category should be revisited.

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