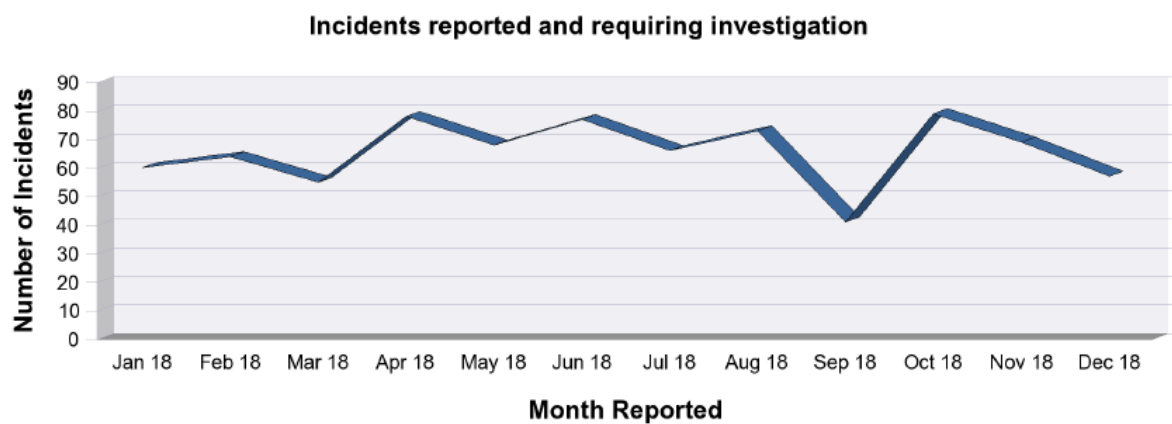


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**MCT Advisory Group  
ODT Clinical Governance Report March 2019**

**1. Status – Confidential****2. Action Requested**

MCTAG are requested to note the findings within this report.

**3. Data****4. Learning from reports**

Below is a summary of the findings and learning relevant to MCTAG from key clinical governance reports submitted to ODT:

**Date reported: 17<sup>th</sup> September 2018**

Reference: ODT-INC-3505

**What was reported**

The ODT Donor Records Department received a second organ outcome summary form via email from ODT Hub Operations. The first form was originally received a month prior to this and donor family letters sent informing them of the outcome of the organs.

The second outcome form showed the abdominal wall had been discarded, whilst the original form and therefore family letters stated it had been transplanted. It also stated the pancreas had been retrieved whereas the initial outcome and family letters stated the pancreas had not been retrieved.

**Investigation findings**

On review it was ascertained that the initial information from the Transplant Centre was that the pancreas had not been retrieved and that the abdominal

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wall transplanted. This then led to the incorrect traceability and outcome summary being generated and incorrect letters sent to the donor family.

#### Learning

The Transplant Centre reviewed and have highlighted key learning:

- The surgeons now ensure they communicate clearly to the recipient coordinators at the point of transplant so that they can inform Hub Operations immediately to either reoffer or place in research.
- They will also ensure the correct outcome is recorded at time of transplant rather than after the event.
- The HTA B forms will also be cross checked with the implanting surgeon.

It is acknowledged that multi-visceral is fairly unique in that there are often occasions where multiple organs are believed to be required, however at the point of transplant it is found this is not the case, leading to some organs/tissue not being transplanted. These steps however should ensure there is clearer communication if this is the case.

The implementation of electronic HTA B forms will also reduce the risk of this verbal communication and it will also facilitate completion at the time.

The family received an apology from the Transplant Centre via ODT and an updated outcome letter.

**Date reported: 30<sup>th</sup> October 2018**

Reference: ODT-INC-3606

#### What was reported

A centre accepted a small bowel, colon, abdominal wall, stomach and pancreas for one recipient

Hub Operations received follow up several days later and were informed that the pancreas, abdominal wall and stomach were disposed of.

#### Investigation findings

As in the case above multiple organs were believed to be required, however at the point of transplant it was found this was not the case, leading to stomach, pancreas and abdominal wall not being transplanted.

The stomach and pancreas were retrieved en-bloc with small and large bowel and were sacrificed for vessels and not able to be offered for either solid organ or islets.

#### Learning

Organs retrieved for a multi-visceral transplant and then not required are unlikely to be able to transplantable in another recipient due to the anatomical requirements. However, due to the increasing number of research studies

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being facilitated, Hub Operations should be informed of any un-transplanted organs/tissue to ensure they are offered to research as required. It is acknowledged that currently there are no research studies requiring stomach or abdominal wall however this may not always be the case and Hub Operation will quickly be able to ascertain.

## **5. Summary from National Lead for Clinical Governance**

Both incidents highlight the need for good communication from the Transplant centres, particularly for these unusual and complex transplants. The need for both providing accurate feedback to donor families and for possible use of discarded organs for research must be remembered.

## **6. Requirement from MCTAG**

None identified

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