

NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

Amendments to the Organ Offering and Transplant Centre contact approach

Introduction

This paper sets out some high-level recommendations following a workshop held in August to review contact between ODT and Transplant Centres and the organ offering process. Attendees included recipient coordinators (RPoCs), Hub operations Organ Allocation Specialists (OAS) and Specialist Nurses in Organ Donation (SNODs). Output from the workshop has resulted in short and longer-term plans seeking to resolve contact issues and improve the organ offering pathway for both the RPoCs and OAS.

The purpose of this paper is to seek ratification from the Advisory Group Chairs for the short-term plans that can be implemented within a 3-month period.

Background

The process for offering and acceptance of organ offers is centrally coordinated by the ODT Hub Operations who are responsible for generating the matching runs and making organ offers to transplant centres. This process has been subject to considerable change in recent years as offering activities were moved from SNODs to Hub Operations and the organ groups have transitioned to patient specific rather than centre-based offers.

Organ offers are made to transplant centres via the Page One pager system and messages include key information to allow the transplant centre to access clinical donor data via EOS and EOS Mobile; messages are received via the centre's chosen preferred method, email, page or SMS.

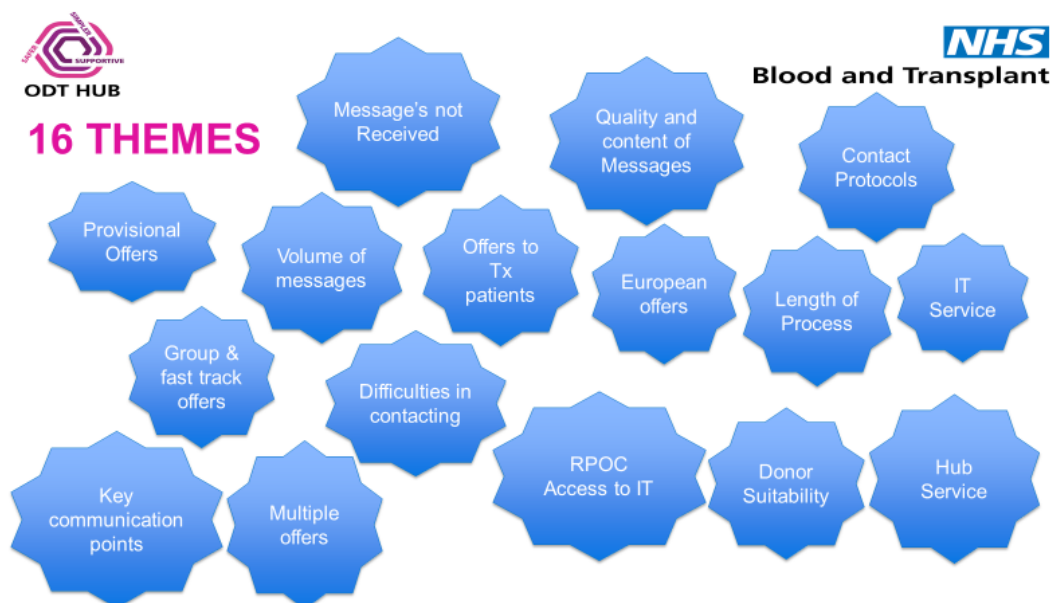
The 'Contact and Offering' workshop held in August identified a number of concerns and inefficiencies in the current processes resulting in short and longer-term recommendations for improvement.

Issues and Recommendations

The workshop identified 16 themes, some of which will require an IT system change to be incorporated in to a longer-term plan. The group identified a number of operational changes that it believed could be delivered as service improvements to be delivered in the short term, within a three month period.

NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP



Issue: Messages not received

Multiple recipient coordinators reported that they do not receive the messages via the page one service, or there are significant delays. This impacts on the organ offering time as the Hub Operations team contact the centre 45 minutes after an offer has been sent via Page One to discover that the centre has never received the message; a further 45 minutes is therefore required for the centre to consider the offer.

Action: All transplant centres to have a single phone number as a direct point of contact. All named patient offers will be made directly via this number which will reduce the risk of missed messages and subsequent time delays. Fast track and group offers will continue to be sent via the Page One service until an alternative solution is identified.

Issue: Difficulty contacting Hub Operations by phone

Transplant centres report difficult in contacting Hub Operations during busy periods particularly when they may be considering multiple offers and are calling to request more time or decline an offer when still considering other offers.

Action: Pilot the use of transplant centres emailing Hub Operations using a structured form to request more time or decline an organ.

Fast track/Group offers

Issue: Repeat offers even if declined for all patients previously

Current practice is to send group and fast track offers to all centres even if they have previously declined for all patients. This is a significant source of frustration for transplant centre staff due to multiple disturbances overnight.

Action: Do not include centres in group or fast track offers if they have previously declined for all recipients due to donor related reasons; if previous decline was for logistical reasons the centre will be included in subsequent offers as circumstances have changed over time.

NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

Issue: Centres registering interest in fast track or group offer then requiring an additional 45 minutes.

Some centres register an interest in a group or fast track offer. When contacted by Hub Operations at the end of 45 minutes as the highest centre/or first response (depending on scheme), the centre then require an additional 45 minutes to discuss with transplant surgeon.

Action: Group & fast track offers should be considered by all centres as a full offer with an accept / decline response given to Hub Operations within 45 minutes of the offer being made.

Issue: Provisional offers

Most centres report that they will not consider provisional offer as they do not wish to wake teams unless a full offer is being made. Provisional offers add to the Hub Operations workload and increase the overall length of the offering process.

Action: Request to the Advisory groups to review provisional offering by organ group and remove this within schemes where there is no added value.

Donor Suitability

Issue: Organs deemed untransplantable by retrieving surgeon

On occasion a NORS surgeon will state that the organ is unsuitable for transplant and the organ is declined by the accepting centre. Following this the SNOD may request that the organ is offered on to all other centres.

Action: Advisory Group Chairs to consider if the NORS retrieval surgeon states that the organ is not transplantable, and the organ is declined this should be offered on to all other centres or not.

Issue: No trigger to stop offering following multiple declines for donor related reasons

Organs that have been declined by multiple centres for the same donor related reason are offered to all centres.

Action: Each Advisory Group Chair to review the number of organs accepted and transplanted if the organ is declined for the same donor related reason by three or more centres and make recommendations as/if appropriate.

Issue: Transplant centres considering multiple offers simultaneously

Several transplant coordinators reported that the volume of offers being made simultaneously is unsafe as it is difficult to review all the clinical data for multiple offers within 45 minutes.

Action: A number of actions suggested within this paper will positively impact the number of offers being made simultaneously and should reduce the impact of this on transplant centres.

We do need to understand the number of simultaneous offers and the frequency of these; we therefore propose a prospective Audit to be conducted following the implementation of this action plan to be reported back to the Advisory Group Chairs.

NHS BLOOD AND TRANSPLANT**LIVER ADVISORY GROUP****Content and Quality of messages****Issue: Pager messages may include transposed characters or emojis**

Messages received via the Page One system may include transposed characters or emojis which should not be present; this issue appears to be particularly prevalent if a large number of messages are delivered simultaneously or if the pager holder is in an area of poor signal. Emojis appear when certain combinations of characters appear in the text that is sent.

Action: Reduce the volume of messages sent via page as outlined in previous actions and review message templates to remove any combination of characters which may cause emojis.

Issue: Key information missing from fast track offers

Transplant centres reported that some key information required is not included in the fast track offer message. This leads to centres calling Hub Operations prior to considering the offer leading to increased call volumes and reduces the time that centres have to consider the offer.

Action: Review fast track key information with advisory groups (LAG, PAG, KAG)

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