

DCD Heart Debriefs - Learning & Actions



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A 12-month pilot of the UK wide DCD heart retrieval service was recently launched on the 7th September. As part of that pilot it was agreed in the initial stages that the ODT Clinical Governance Team would facilitate debriefs for any donors where DCD heart retrieval proceeded.

The purpose of the debriefs are to include, wherever possible, the people that were involved in the donor process (SNODs, Hub Ops, Transplant Centres, NORS and IMT) to allow an opportunity to look at what went well and anything we can do to strengthen the process.

Since the 'go live' date 3 virtual face to face debriefs have taken place with some interesting and beneficial findings; this has only been possible due to the support from those involved. The engagement from everyone has highlighted how we all want to make this pilot as successful as possible to ensure we support donor and family wishes and make DCD heart transplantation equitable across the UK.

Below are the key learning and action points from all debriefs. These include aspects for all those in the pathway so please disseminate as you feel appropriate.

'Ring Fencing'

At the start of the pilot, the NORS centres were notified that their team were 'ring fenced'/reserved for a potential DCD heart donor at the point of donor registration. It was highlighted however that this call does not add any value as the teams mobilise when they are requested to and the registration call can be over 12 hours prior to the need to mobilise.



The 'ring fence' calls to the NORS centres have now been stopped.

Mobilisation Times

To allow the CT teams adequate time to set up, the process initially agreed by all teams was that the CT NORS team would arrive 2 hours prior to planned theatre time and the abdominal NORS team 1 hour prior (except when NRP is being utilised when both arrive 2 hours prior to theatre time). The rationale being that it would prevent both delays in theatre start time and the abdominal NORS team waiting at the donor hospital unnecessarily. However, on review it appeared that both teams were being mobilised for the same arrival time.



Hub Operation guidance has now been updated so it is clearer for those mobilising teams to request different arrival times.

Flight queries...and answers...

1. Power supply in planes – Currently there is no agreement that power must be present on planes transporting NORS teams/organ. IMT will check which planes have the correct power supply so they are able to inform centres, however are limited by what planes are available.
2. Size of planes available – the planes supplied by IMT are King Air which can accommodate 4-5 team members plus standard retrieval equipment. If using novel technologies, then there will, in general, be a requirement for 2 King Air type aircraft otherwise a mid-size jet would be required at greater expense. There is a possibility to remove seats to enable a single flight to be used, however the removal of seats can only be performed by a CAA approved technician. There are pilots with some flight operators who have CAA approval to remove seats but not all pilots are qualified to, so this would need to be explored as soon as a request for flights is made.
3. Clarify guidance around social distancing on planes – There is no agreement to authorise 2 planes to aid social distancing and so face coverings must be used.
4. Confirm expectations of plane allocation by IMT – the lead in time for an aircraft is 2 hours.



Emergency 'Grab Bag'

When the heart is placed on the Organ Care System (OCS) the expectation is that all works well up until the point of removal at the accepting centre. However, there is always a risk that a medical device will fail and if that happens there is a certain equipment required.



Any way to minimise set up times is helpful and one centre has highlighted that they have now made up a 'grab bag' that they can quickly pick up to take to any retrieval. The team then accompanying the heart on the OCS to the accepting heart can take the emergency equipment easily with them. It was felt this idea would be good for other centres to consider.

Changes in Protocol

Query raised to clarify cardioplegia volume and additives required as not stated in protocol.



Quantities and additives have been clarified. The protocol is being updated so that it is clear for all. This updated protocol will be added onto the NHSBT microsite and circulated once finalised.

Principles of Pilot

One of the key principles of the pilot is to ensure the system works; so is a national NORS retrieval programme for DCD hearts feasible? To prove this concept all centres and retrieval teams are in agreement that the 'on-call' DCD heart NORS team will retrieve and transport the heart to the accepting centre – there is no 'retrieving your own' (unless the accepting team happen to be the team on-call).



It is important for all in the pathway to be aware of this so that it is clear the on-call team always retrieve ensuring that the process can be fully evaluated at the end of the pilot.