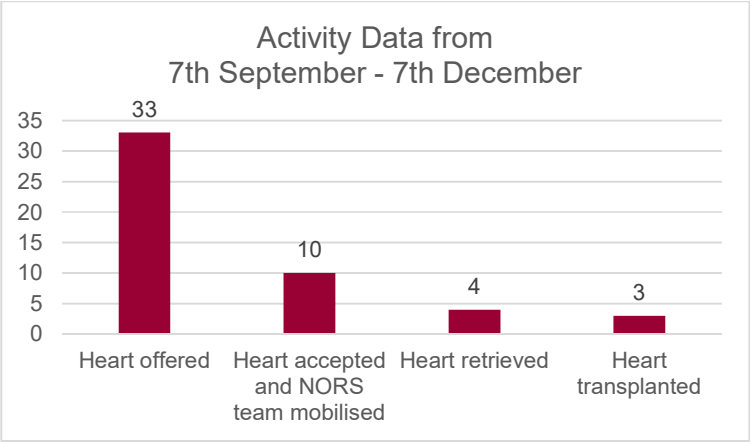
DCD Heart Debriefs - Learning & Actions

Issue 2, Dec 2020

It has now been 3 months since the launch of the UK wide DCD heart retrieval pilot on the 7th September. Below is a brief summary of the activity since then:



The ODT Clinical Governance Team have facilitated 9 virtual debriefs since the launch for DCD donors where CT NORS teams were mobilised. The purpose of the debriefs are to include, wherever possible, the people that were involved in the donor/retrieval process (SNODs, Hub Operations, Transplant Centres, NORS and IMT) to allow an opportunity to look at what went well and anything we can do to strengthen the process.

The Clinical Governance Team want to thank everyone involved in the debriefs; those attending have been engaged and have seen them as a positive way to share learning and strengthen the process. This has again 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 the 6 debriefs since the October newsletter. These include aspects for all those in the pathway so please disseminate as you feel appropriate.

Celebrate Success

The first successful DCD heart retrieval utilising direct retrieval and perfusion (DRP) alongside abdominal (A)-NRP since the start of the pilot has taken place. The heart was successfully retrieved, placed onto the OCS and transplanted, and a full 2 hours of A-NRP was completed. Following retrieval all abdominal organs were deemed transplantable from a function perspective. We wanted to share this good news story due to the known benefits of A-NRP as this is evidence that the two processes can coexist. DRP alongside A-NRP is a complex and new technique; there is nowhere in the world carrying this out and there is minimal

experience within the UK. Below are some of the key findings that were felt enabled this success story:

- Early awareness of use of A-NRP – SNOD and Hub Operations notified CT team early which allowed for 'mental preparation'
- Arriving 2 hours prior to planned theatre start time (as per protocol) allowed for all to prepare and set up with no rushing
- Single SNOD handover involving both NORS teams and the local team – teams stopped setting up equipment to allow everyone to focus and discuss roles, responsibilities and processes
- Clear discussions between the two surgical teams, including which equipment, such as clamps, would be utilised for which step
- The protocol was followed 'to the letter' and 'step by step with no deviation'. This supports the effectiveness of the DRP/A-NRP protocol if followed
- The whole multi-disciplinary team were open and honest throughout so were able to discuss queries or concerns easily to enable things to be corrected if needed

---

Single Handover

The CT team attend a DCD heart donor an hour prior to the abdominal team to allow for equipment to be set up. It has been agreed that as the CT team are not completing any procedures during this period (unlike in a DBD donor), they do not need handover prior to the abdominal team arriving. It has been found that separate handovers can lead to a feeling of being 'disjointed' and does not allow for a full team discussion.

Agreed that best practice is for a single handover to occur with both CT and abdominal NORS teams, and local hospital staff for the appropriate part. This allows for a clear discussion with all involved around roles, process and surgical procedure and queries to be raised.

COVID-19 & its impact on airports

Through the debriefs it has been highlighted that whilst there will always be an obvious airport to use, due to COVID-19 impact it may have altered opening times (and so is closed for flights earlier than expected) or less staff are available (limiting un-scheduled flights). Even when airports are open, due to restrictions, gaining access is more limited. This may mean that an airport that 'doesn't seem sensible' needs to be utilised.

IMT transport provider works closely with airports to ascertain options. The 'best' option is always explored, however where this is not possible the next best will be taken. However, if you are involved in organising flights, it is always worth the discussions around options at the time so you are aware of the rationale for any decision-making that may seem odd!

Small things make a big difference

Throughout the debriefs it has been raised how 'the small things make such a big difference', and how appreciative those involved are. Below are just three examples of how 'being nice' can not only make such a difference to the individuals, but can also improve patient outcomes due to minimising timescales.

- The accepting transplant team met the NORS team at hospital front door. This meant the NORS team didn't have to try and navigate their way around an unfamiliar hospital to find theatres (at the end of a long on call)
- 'Incoming' DCD heart NORS team offered to mobilise and leave base an hour prior to start of on-call. This prevented the 'current' on-call team arriving at the donor hospital an hour after their on-call finished
- Accepting transplant team had scrubs ready (various size options!) for the NORS team so they didn't have to try and find them (again at the end of a long on-call)

It may seem tiny to you, but it may make a massive difference to someone else – the fact they were mentioned on the debriefs indicates their impact.

Heart for heart valves

Unfortunately, we have confirmed that if a heart has been on the OCS it will not be suitable for heart valves if subsequently deemed unsuitable for solid organ transplantation. However, if a heart arrives at a transplant unit and is assessed as not transplantable it should still be referred back to Hub Operations. If there is research consent, this option will then be explored and the heart should be removed from the OCS, bagged and stored on ice until the outcome is confirmed.

The tissue referral pathway is being updated to reflect that a heart will not be accepted for heart valves if previously on the OCS

A prompt is being added to the DCD heart passport to refer back to Hub Operations if a heart is deemed untransplantable to enable research offering

---

If you have feedback or queries regarding the newsletter, or the debriefs overall please email Jeanette.foley@nhsbt.nhs.uk