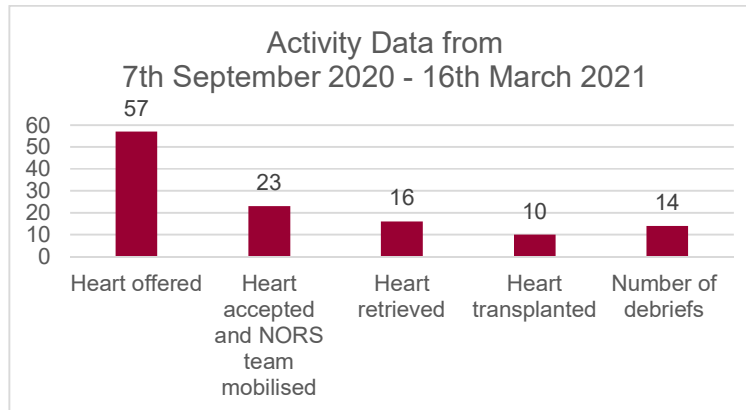


DCD Heart Debriefs - Learning & Actions



Issue 3, April 2021

It has now been 7 months since the launch of the UK wide DCD heart retrieval pilot on the 7th September 2020. Below is a brief summary of the activity over that time:



The ODT Clinical Governance Team have facilitated a total of 14 virtual debriefs over that time. Initially all DCD heart donors were debriefed whilst the new pilot process rolled out, however at the last DCD Heart Joint Innovation Fund (JIF) Pilot Board meeting in December 2020 this was reviewed. It was agreed as the process was embedding we would start to focus specifically on less common situations where A-NRP was utilised, or where a NORS team retrieved on behalf of another accepting team and transported the heart on the OCS.

The feedback regarding the debriefs continues to be positive; it is not only an opportunity to learn from the process, but also to feedback thanks and appreciation for 'a job well done'. We know that positive feedback aids good practice and whilst it is often underrated, the benefit of having the opportunity to both say and hear a 'thank you' should not be underestimated.

The Clinical Governance Team want to again thank everyone involved in the debriefs who enable this positive learning and feedback.

Below are the key learning and action points from the 7 debriefs since the December newsletter. These include aspects for all those in the pathway so please disseminate as you feel appropriate.

Named Contact on Arrival at Accepting Centre

When the CT NORS team arrive at the accepting centre with the heart on the OCS they often remain in the anaesthetic room until the transplant team are ready to accept the heart. This is agreed, in general, to be best practice as it does not place any perceived pressure on the transplanting team. However, it does mean that it can be difficult for the NORS team to pass on any information regarding the hearts function as they need to 'grab people's attention'.



When the NORS team arrive at the accepting centre, ensure a named contact from the transplant team is provided as well as best way to contact. This will ensure easy communication between the two teams of clinical updates and information.

Single Handover

One of the key pieces of learning that came out of the initial debriefs was the need for a joint handover with all involved in the retrieval. On a number of cases this hadn't happened and it had led to some misunderstanding and communication difficulties.



Since sharing this far and wide, all debriefs have highlighted that this joint handover is occurring. These have shown to allow for a clear discussion with all involved around roles, process and surgical procedure and queries to be raised. This highlights how the positive learning from the debriefs are being incorporated into practice.

Need for Chest X-Ray

The minimum data set is now in place which has ensured key information is present when offering. It has been highlighted that it is not always appreciated that the chest x-ray is still required when offering the heart, even if the lungs are not on offer.



When a heart is on offer (DCD or DBD) the chest x-ray is still required as part of the minimum dataset to enable timely offering and acceptance/decline of the heart.

Updated Protocol

As with anything new, protocols often develop as people gain more experience. DCD hearts is no exception. In almost every debrief there have been aspects highlighted that would either aid those newer to the process or strengthen for the future. The protocol has therefore had a thorough review and the learning from a number of the debriefs have been incorporated. The updated protocol can be found on the website here:

<https://www.odt.nhs.uk/retrieval/policies-and-nors-reports/>

NORS & SNOD Direct Contact



It has been mentioned that it can be easier to arrange logistics when the SNOD and NORS team liaise directly. It is still agreed that Hub Operations are best placed to initially contact centres to request they mobilise the NORS teams as they are aware of wider activity.

It is then best practice for the CDDF/MaSH to be reviewed by the NORS team to ensure they are aware of any key details. The CDDF includes the SNODs contact details and it is encouraged that the team liaise directly to plan. Please just ensure Hub Ops are updated if there are any changes in expected theatre times as this can impact on wider planning.



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