

**Renal Recipient Transplant Co-ordinator and Hub Operations  
meeting  
19<sup>th</sup> April 2021, MS Teams, 12:00-13:00**

**PRESENT**

Michael Stokes – Head of ODT Operations, OTDT (MS)  
 Sadie Von Joel - Lead Nurse Recipient Coordinator (SVJ)  
 Julie Whitney – Service Lead for ODT Hub operations (JW)  
 John Stirling – SNOD Lead (JS)  
 Malcolm Greenwood – Manchester (MG)  
 Kelly Brian – Manchester (KB)  
 Stephen Bond – Addenbrookes (SB)  
 Leanne Savage – Plymouth (LS)  
 Debbie Munro – Bristol (DM)  
 Beena – Bristol  
 Pincy George – Bristol (PG)  
 Rachel Summers – Leeds (RS)  
 Lesley Read (LR)  
 Clare Ecuyer – Leeds (CE)

**MINUTES**

		<b>Action</b>
<b>1</b>	<b>Welcome and Introductions</b>	
<b>2</b>	<p><b>Purpose of the meeting</b></p> <p>JW explained that this meeting is an opportunity for renal RTCs to raise any issues/concerns/recommendations they may have in relation to Hub Operations (HO) or with contact with SNODs. It is also an opportunity for HO to keep RTCs informed of any updates or changes. These meetings have already been running with CT &amp; Liver RTCs and proved to be valuable, with demand for the meeting to be run monthly.</p>	

<p><b>3</b></p>	<p><b>Open discussion</b></p> <p>As this is the first meeting there was no fixed agenda, the meeting was opened to discussion.</p> <p>Discussion surrounding information that comes through on the pagers and that at times this is insufficient – could more information be included on the pager which would mean that RTCs wouldn't have to call in to HO. Pancreas anatomy was given as an example.</p> <p>MS responded to say that RTCs calling in is a touchpoint for HO to confirm that RTCs have received the page however HO open to looking into what information is sent out on the pager.</p> <p>SB and MG agreed to pull together information for JW and MS, in particular surrounding pancreas anatomy.</p> <p>Touchpoint checklist at HO – are there key moments such as KTS/withdrawal that could be communicated in other ways e.g. by text. Identifying which touchpoints need to stay as conversations.</p> <p>Histology required at the time of offer, JW – a group has been formed to investigate this so watch this space.</p> <p>RTCs asked if HO could remind SNODs to confirm which kidney is going where – JS/MS will take this forward. This was raised as there have been occasions that a center retrieving have not known which kidney to take the punch biopsy (Cambridge example given by Stephen Bond)</p> <p>EOS/SNODs – when information is added to EOS could it be made clearer what the information is that has been added as it is not always obvious. It is also hard to sometimes interpret the PMH as it often runs in as one paragraph and is not clear which date relates to which event.</p> <p>DM explained cases of both good and poor practice – JS requested that examples are sent to him so that he is able to share this and explore the reasons behind the differences.</p> <p>Use of abbreviations – not always obvious what the abbreviation means. JW – there is an official list of abbreviations which should be used.</p> <p>JW informed the group that a new platform is being looked in to by the digital team which would make it easier to review donor information. In the meantime, JS will look into this from the SNOD point of view.</p> <p>MASH document – SVJ reminded the group that the CDDF and MASH document should be reviewed by RTCs but also by Lead NORS surgeon and implanting surgeon – this point has been added to the NORS policy document.</p> <p>Organ follow up form – this will be going live on 3/5/21 for renal centres. This is to replace calls to the HO for information regarding organ outcomes. Has already been rolled out to CT and Liver centres and so far has been working well with fast response times. SVJ will send out comms nearer the go live date.</p> <p>DCD screening calls – could this be expanded to include DBD donors? SVJ - there is a group that has been put together to look into screening calls. A recent survey has been conducted, results yet to be reviewed. Hopefully can feed back at the next meeting.</p>	<p><b>SB/MG</b></p> <p><b>MS/DM/SB + any other interested members</b></p> <p><b>JS/MS</b></p> <p><b>DM/JS</b></p> <p><b>JS</b></p> <p><b>SVJ</b></p> <p><b>SVJ</b></p>
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JW - The list of absolute contraindications is also being reviewed by each advisory group chair.

	The group felt that monthly meetings would be useful. May meeting – Date TBC	
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