

Back Up CT agreements

Due to some of the pressures that have been seen CT centres, and to try and prevent increased use of the fast-track scheme along with ensuring the successful use of all potential CT grafts.

This was discussed at the Chairs of CTAG heart and Lung the following has been proposed

- To support all centres and recipients to have access to named patient offers whilst limiting the number of fast-track offers due to late declines and the rush arrangements for the second centre, it has been agreed to back-up Heart/lung offers up for any centre who are experiencing concerns with logistics – theatre and ICU capacity.
- This protocol will only be used for Urgent heart and Lung offers – back up offers should not be in place for routine patients, and SU patients will already have ICU bed so issues with logistics are unlikely
- When the Heart or Lung is offered and accepted the Primary accepting centre will have a conversation with the Hub to identify they would like the Heart or Lung to be backed-up – this approach will allow each centre to assess their own capacity and the risk of having to decline the Heart or Lung due to logistic reasons at a later point.
- If the Liver is accepted for a SU liver recipient this the back-up of CT organs is likely to cause delays in the process and therefore should not be utilised
- The Hub will then offer via the offering sequence to the next centres named patient as a backup, each centre will be required to consider the back-up offer and accept or decline – there will need to be clear and direct communication with the primary accepting centre to coordinate the logistics and plan times etc for this approach to be successful.
- The expectation is that the back-up centre will bring their recipient into the hospital (if not already an inpatient) therefore not causing delays if the offer becomes a full offer, but this should be coordinated with the primary accepting centre.
- For DBD donors, the primary accepting centre needs to make a firm decision by the time the NORs team are within 1.5 – 2 hours of the donor hospital, if this cannot be achieved the full offer will be given to the back-up centre.
- Where the offer being backed up is a DCD organ, this will be offered to the next centre as per normal offering processes. If the primary accepting centre is not able to confirm their ability to transplant at the point of NORs mobilisation the full offer should be made to the back-up centre.
- All NORs teams must be aware before departure that the CT organ has a back-up in place due to potential logistical/resource issues and if the back-up offer ends up becoming a full offer there is likely to be a request to delay start of surgery/Cross clamp.
- Any centre who has requested a back-up be arranged should NOT accept any further offers until that initial case is resolved.
- No centre should hold two offers necessitating back up at one time, should such a situation arise one of the organs must be declined and offered on immediately
- The Chairs of the CTAG – Hearts and Lungs will monitor this approach on a regular basis to ensure that it is effective, and not leading to significant delays, cost, or any loss of grafts.

Non-Logistical Rationale to request a backup

On occasion it is possible that the accepting CT centre requests an organ to be backed up for a non-logistical reason (for clinical reasons) – this is established practice and is not changed in anyway by this agreement. There are several reasons why a clinical back up might be requested and examples of this might include.

- Single lung backup: If the bilateral lung has been accepted the RPoC might request a single lung backup if there is a suggestion that one of the lungs might not be transplantable on inspection
- Multiple Organs accepted: If for example a centre has accepted a Heart/kidney or Heart/Lung, it is not unreasonable to back up any of the aforementioned organs.
- Back up of organs pending tissue typing is also a usual practice.

Backups for this reason will help to minimise the necessity to Fast Track organs at time of inspection and it is reasonable for the centre that has backed up the offer to call the primary accepting centre to further understand why the backup is occurring in the first place.

If the TM has any concerns about the reason for the backup either logistical or clinical, he/she should escalate this concern real-time.