

## Logistical/capacity back up Liver agreements

Due to some of the pressures that have been seen liver centres, and to try and prevent increased use of the fast-track scheme along with ensuring the successful use of all potential liver grafts the following agreements have been established and agreed at the Liver Clinical director calls.

- 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, HO have agreed to back-up liver offers up for any centre who are experiencing concerns with logistics – theatre and ICU capacity.
- When the liver is offered and accepted the Hub team will have a conversation with the primary accepting centre to identify if the centre would like the liver to be backed-up – this approach will allow each centre to assess their own capacity and the risk of having to decline the liver due to logistic reasons at a later point.
- The Hub will then offer via the offering sequence to the next centres named patient as a back-up liver, 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 not request any delays in the donation process, this will require the primary accepting centre to coordinate with the back-up centre. The back-up centre may be required to bring their recipient in to the centre.
- The primary accepting centre needs to make a firm decision by the knife to skin point in the donor process, if this cannot be achieved the full offer will be given to the back-up centre.
- If the primary accepting centre following acceptance ICU pathway changes the centre may request a back-up if this is before Knife to skin.
- The liver centre directors will monitor this approach on the weekly call to ensure that it is effective, and not leading to significant delays, cost, or any loss of grafts.
- 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
- Where the offer being backed up is a DCD organ, this will be offered to the link centre and if not accepted then fast tracked. For DBD organs, this will be offered to the next named recipient on the matching run.
- For a DCD donor the primary accepting centre need to make a firm decision at the point of NORS mobilisation. For DBD donors, the primary accepting centre need to make a firm decision at the point of knife to skin.

## Back up for clinical reasons

- It is rare for a liver to be backed up for clinical reasons but can happen pending visualisation – due to recipient needs. It is therefore not possible to adhere to the back up for logistical reasons ‘rules’ in these cases. In cases where the clinician deems it appropriate to request a backup for clinical reasons, the accepting centre and any back up centres must discuss and agree timings etc