

Summary of Key Learning Identified from the DCD Heart Clinical Review Forum

DCD Heart Debriefs were initially put in place in September 2020 by the OTDT Governance team as an end to end review of each DCD heart case under the JIF pilot. The debriefs provided a forum for shared learning to improve and strengthen the new processes. By July 2021, it was recognised the pathway governance structure in place was robust and the end to end debriefs were ceased. There was, however, benefit to continue reviewing DCD heart cases from a clinical perspective to share practice and insights into clinical decision making between the cardiothoracic centres across the UK, both from a retrieval and implanting perspective, and these continued to the end of the year in an ad hoc manner

It was agreed that it would be beneficial to put in place a more formal DCD Heart Clinical Review Forum and these meetings started in February 2022 with an aim to be held monthly, to discuss 2 cases, with Mr Berman to chair. Clinical representatives from all cardiothoracic NORS team are invited to participate.

This has led to the DCD Heart protocol being updated following in depth discussions between surgeons on particular techniques, or interpretation of OCS data as experience and use of the technology develops.

Our thanks to those who have joined the meetings and taken the time to present cases.

Planning, communication, logistics

- Harefield and Papworth report finding it really beneficial to work as a hybrid team together as both centres learning from each other. (May 22)

Onsite preparation and set-up

- Importance of preparation of cannula prior to asystole (Feb 22).
- Both Harefield and Papworth now delay opening the OCS kit until after visualisation of the heart. (Feb 22).

From withdrawal to visualisation

- Importance of following the national protocol when NRP is being used as the occurrence of this is likely to increase (Feb 22).

Organ Retrieval

- Direct comms between NORS surgeons and implanting surgeons crucial– suggest a WhatsApp group to relay real time info from OCS to coordinator and surgeons (Mar 22).
- Benefit of considering pre and post OCS perfusion weight. (May 22)
- Not crucial to desperately try to correct the glucose when on the OCS (Aug 22)
- Previous proposal not to connect PA cannula acknowledged and agreed NOT to make this change to the DCD heart protocol as previously suggested. (Aug 22)

Recipient Centre Overview

- Consideration of overall risk when choosing recipient. I.e. high risk donor ideally to low risk recipient (Feb 22).
- Encourage all centres to phone a friend and double consult re what stage to start recipient surgery, aiming to reduce OCS perfusion time. (Mar 22)

If you have any queries please contact Sarah.Beale@nhsbt.nhs.uk