

OTDT HUB OPERATIONS & Liver RTC CATCH-UP

21st December 2022 15:00-16:00

Microsoft Teams meeting

Present	
Laura Stamp Michael Stokes Maria Rojo Periez Michael Holwill Siobhan Davison Wendy Herries Grace Palmer Krizyl De la Cruz	Lead RTC NHSBT Ops Manager ODT Hub Royal Free Leeds Newcastle Edinburgh Kings Kings
HO Update	
Nil	
NHSBT Lead Co-ordinator update	
<p>HPS update</p> <p>HPS patients are either offered through THE CLD pathway if their UKELD at registration is 49 or higher. Otherwise they are offered through the variant syndrome pathway which does not utilise the TBS if their UKELD is less than 49.</p> <p>In 2020, a Fixed Time Working Group reported back recommendations to LAG that ideally all severe-very severe HPS patients (PaO₂ on air <8 kPa) are transplanted within 1-year of listing, and ideally all very severe HPS patients (PaO₂ on air <7 kPa) are transplanted within 3 months of listing, so this has been operationalised in the document - 'Registration process for liver indications requiring additional waiting time' (SOP5907), which is available here</p> <p>Please note that NHSBT are only aware of HPS patients if they have a UKELD of less than 49 at registration and registered on the variant syndrome pathway. HPS is not reported for patients on the chronic liver disease pathway. Also, NHSBT do not collect information regarding disease severity (e.g. PaO₂ on air) for patients registered with HPS on the variant syndrome pathway. Transplant centres, therefore retain the responsibility to review their HPS patients against these criteria and alert NHSBT as to whether a different level of prioritisation is required.</p>	

SARS-CoV-2 Assessment and Screening in Organ Donors and Recipients new policy now live and effective from 5th December. Policy accessible here:

<https://nhsbtddb.blob.core.windows.net/umbraco-assets-corp/28274/pol304.pdf>



Briefing slides Nov
2022.pdf

Major points to note in the new policy include:

- Patients with a diagnosis of COVID-19 and positive SARS-CoV-2 RNA results, where COVID-19 is felt to contribute to the cause of death, are still not being considered for deceased organ donation.
- Where positive screening results are compatible with recent, resolving, or current infection in the upper and/or lower respiratory tract, evidence thus far indicates that transmission of SARS-CoV-2 through the transplantation of (non-lung) organs leading to COVID-19 in the recipient is unlikely. Non-lung organs from these donors will be offered.
- It is no longer essential to have an interpretation of test results from the testing laboratory virologist in all potential donors with positive SARS-CoV-2 screening tests, but where possible, this will be provided.

Please also note that the 'SARS-CoV-2 Assessment and Screening' document (FRM6439) is completed for all potential deceased donors by our SNOD colleagues. **Transplant clinicians must check this form when considering organ acceptance**

Booking of flights through IMT:

When booking a flight for an organ which requires cost authorisation from Hub Operations, please remember to follow up with the transport provider IMT at the earliest possible convenience, in order to secure the flight booking.

Delays in confirming flight authorisation with IMT can, and has sadly resulted in the loss of aircraft availability, and therefore has logistical implications for centres being able to accept and transplant organs.

Accessing EOS – use of SafeNet app or token?

Consensus from the group on which of the above are used?

Possibility that we will need to move away from SafeNet early next year for a replacement, which will be required anyway for future use of TransplantPath

There was not a lot of confirmed use of the Safenet app as most people reported accessing EOS via the mobile site.

Attendees reported mix of uses between token and app, also highlighted some don't have access to the full EOS which is ideal.

Donor CXRs

Frequently CXRs won't necessarily have been formally reported at the point at which the organs are offered and may actually never be, even post donation. They are often deemed normal/abnormal by ICU doctor who is more commenting generically around NG or ET tube placements, or consolidation. Although the donor CXR is perhaps not something you would request images of as a renal centre, centres must be aware that a thorough review of the CXR has in most cases not being conducted by a radiologist, and more often than not, they have been deemed normal/abnormal by ICU doctor who is more commenting generically around NG or ET tube placements, or consolidation, as opposed to looking for malignancy or specific interstitial disease. This should be passed on to your teams for their information.

MH stated that if there was a suspicion of malignancy in the chest otherwise suggested within the CDDF, then more information would be requested.

Belzer UW Cold Storage Solution

It has been reported that there have been a number of 'leaking' Belzer UW solution bags, used for organ preservation at retrieval. NORS teams have been alerted through NHSBT, but it worth Coordinators being aware to cascade the message also. Team are urged to take a stock check of all UW solution, to check them for leakage, discolouration or any other problems. Affected bag LOT numbers seem to be:

010722
022422
061022
090122

Advice if any centres have any of these LOT numbers, please quarantine the bags and replenish stocks in the usual way.
Contact

Any suspected patient impact, e.g. in terms of unexplained infection , or infection suspected to be potentially from these means, please report via NHSBT governance route

<https://safe.nhsbt.nhs.uk/IncidentSubmission/Pages/IncidentSubmissionForm.aspx>

AOB

No issues raised from any of the centres.

Next meeting, TBC in New Year	