

National Peer Review Programme: Heart and Lung Transplant Measures



VERSION CONTROL SHEET

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TRANSPLANT SPECIFIC MEASURES

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Heart and Lung Transplant Measures

Introduction

The measures have been developed from the National Service Specification for Heart and Lung Transplantation Service (NHS England A18/s 2013). They support the National Peer Review quality assurance programme for heart and lung transplant services in England enabling quality improvement both in terms of clinical and patient outcomes.

The National Peer Review Programme includes expert clinical and lay person representation, and will provide important information about the quality of clinical teams and a national benchmark of heart and lung transplant services across the country.

The measures cover the whole organisation of adult and children's heart and lung transplant services, including sections for adult cardiothoracic transplant centres and children's cardiothoracic centres. In addition outcome data from the NHS Blood and Transplant dataset will be used to review clinical outcomes alongside the measures.

The measures draw on the experience and success of the National Peer Review programmes for cancer, children and young people's diabetes and major trauma peer review programmes. Compliance with the measures has not been centrally imposed and adherence to the measures is not mandatory for the NHS but it is used by the National Peer Review Programme as part of the assessment of heart and lung transplant services and to provide information for commissioners.

Reviewing the Measures

The Peer Review Programme aims to improve care for people undergoing heart and lung transplants by:

- ensuring services are as safe as possible;
- improving the quality and effectiveness of care;
- improving the patient and carer experience;
- undertaking independent, fair reviews of services;
- providing development and learning for all involved;
- encouraging the dissemination of good practice.

The benefits of peer review have been found to include the following:

- provision of service specific information across the country together with information about individual teams which has been externally validated;
- provision of a catalyst for change and service improvement;
- identification and resolution of immediate risks to patients and/or staff;
- engagement of a substantial number of front line clinicians in reviews;
- rapid sharing of learning between clinicians, as well as a better understanding of the key recommendations in the guidance.

Full details of the peer review process are outlined in the handbook for the programme which is on the resource page of the TxQuINS website www.txquins.co.uk.

Transplant Centre Measures

Introduction For the purposes of peer review, the responsibility for the measures in this section lies with the lead clinician of the cardiothoracic transplant centre.		
Key Theme Structure and Function		
Objective <i>All patients benefit from expert multidisciplinary discussion and decision on treatment without delay.</i>		
Measure	Notes	Evidence
Tx14-2A-101	The Multidisciplinary Team	
<p>There should be a single named lead clinician for the cardiothoracic transplant centre (CTC) with agreed list of responsibilities and time specified for the role who should also be a team member. (1)</p> <p>The multidisciplinary team (MDT) should provide the names of team members and their cover for named roles in the team. (2) Each member should have time specified for cardiothoracic transplant within their job plan / timetable.</p> <p>The team should include: (3)</p> <ul style="list-style-type: none"> • 5 cardiothoracic surgeons who are on the NHS BT transplant list • a pulmonary transplant physician • a cardiac transplant physician • a cardiac imaging specialist • an anaesthetist/intensivist • a clinical psychologist • a cardio-pulmonary physiotherapist • a transplant coordinator • a VAD coordinator/clinical nurse specialist • a medical cardiac transplantation fellow or specialist trainee (STR) • a medical pulmonary transplantation fellow or STR • a surgical transplantation fellow should include: (3) 	<p>(1) <i>The role of lead clinician of the MDT should not of itself imply chronological seniority, superior experience or superior clinical ability.</i></p> <p>(2) <i>Where a medical specialty is referred to the cover for a member need not be a consultant, but if not, they should be a specialist trainee (at minimum training level of ST7) or non-consultant career grade. All consultants responsible for the delivery of any of the main treatment modalities should be a member of the MDT.</i></p> <p>(3) <i>There may be additional members at the team's discretion.</i></p>	Operational Policy.
Tx14-2A-102	Multidisciplinary Assessment	
<p>There should be an operational policy whereby all patients meeting the agreed acceptance criteria referred for transplant should be reviewed by the MDT for assessment and discussion of their treatment plan.</p> <p>There should be a mechanism for recording referrals not meeting the acceptance criteria.</p> <p>There should be a written procedure governing how to deal with referrals which need a treatment planning decision before the next scheduled meeting.</p>		Operational policy.

Tx14-2A-103	Multidisciplinary Assessment Meetings	
<p>The transplant team should have a meeting for the assessment of patients referred for transplant. The meetings should be scheduled every week unless the meeting falls on a public holiday.</p> <p>The attendance at each individual scheduled treatment planning meeting should constitute a quorum, for 95% or more, of the meetings.(1)</p> <p>The quorum is made up of the following core members, or their cover (2)</p> <ul style="list-style-type: none"> • cardiothoracic surgeon who is on the transplant list • chest/cardiac transplant physician • anaesthetist • clinical psychologist • cardio-pulmonary physiotherapist • transplant coordinator • clinical nurse specialist. 	<p>(1)<i>The % should be calculated over the 12 months prior to the assessment.</i></p> <p>(2)<i>The members counting towards the quorum should be drawn from the named members of the multidisciplinary team.</i></p> <p><i>This measure does not imply any policy for what to do when a meeting is not quorate. This is left to the members' discretion.</i></p>	<p>Annual Report including meeting attendance spread sheet.</p> <p><i>The spread sheet should include the dates of all scheduled meetings and the names and roles of core members.</i></p>
Objective <i>Patients receive treatment from specialists that have the skills and expertise to ensure the best possible outcomes</i>		
Tx14-2A-104	Core Members Attendance	
All core members of the MDT should attend at least 10 assessment meetings		<p>Annual Report including meeting attendance spread sheet</p> <p><i>The spread sheet should include the dates of all scheduled meetings and the names and roles of core members.</i></p>
Tx14-2A-105	Extended Membership	
<p>The MDT should provide the names of members of the extended team for named roles in the team.</p> <p>If they are not already offered as core team members, the extended team should include:</p> <ul style="list-style-type: none"> • a consultant microbiologist/virologist • a social Worker • a dietician • a specialist in palliative care • a pharmacist • an occupational therapist 		Operational policy.
Tx14-2A-106	Minimum Cardiothoracic Transplant Centre Workload	
The CTC should carry out 25 or more heart transplants and 25 or more lung transplants per year	<i>The number for both heart and lung should be averaged over the three complete calendar years prior to the</i>	Annual Report.

		review.	
Tx14-2A-107	Minimum Individual Workload		
Each surgical core member should undertake a minimum of 5 cardiothoracic transplants per year.	<i>The number of operative procedures should be calculated as follows:</i> <ul style="list-style-type: none">• <i>It should be recorded separately for each individual core surgeon.</i>• <i>It should be averaged over the three complete calendar years prior to the review.</i>• <i>Only those procedures should count where the core surgical team member has scrubbed up, as evidenced by their name appearing on the operation notes, as a participating surgeon in the procedure.</i>• <i>Emergency procedures count providing the other criteria are fulfilled.</i>• <i>Procedures performed in the private sector count, providing the other criteria are fulfilled and the case is discussed at the regular meeting of the MDT under review.</i>	Annual Report.	
Objective <i>The cardiothoracic transplant centre is responsive to the availability of organs and recipients</i>			
Tx14-2A-108	Specialist Surgical Cover		
The MDT should provide a rota of consultant core surgical members whereby at least one is available for patient assessment and intervention, 24/7, 365 days a year.		Operational Policy <i>The rota should be available for review at PR.</i>	
Tx14-2A-109	Access to ITU		
The CTC should have an on-site-intensive care unit, with flexible capacity for managing the cardiothoracic transplant demand. This should include level 3 and identifiable level 1 and 2 beds.		Operational policy Annual report including details of any refused organs due to lack of ITU resource	
Tx14-2A-110	Access to Operating Theatres		
There should be 24/7 access to a fully staffed and equipped cardiac theatre.	<i>The theatre staff may be on site or covered by an on call rota</i>	Operational policy.	

Tx14-2A-111	Diagnostic/Assessment Services	
<p>There should be 7 day access to diagnostic /assessment services which include the following:</p> <ul style="list-style-type: none"> • bronchoscopy • echo-cardiogram • ECG • Histopathological analysis of biopsies - for urgent cases, preliminary reports based on histology should be available within 6 hours of a biopsy procedure and full reports including immunohistochemistry with 36hrs. 		Operational policy.
Key Theme Co-ordination of Care / Patient Pathways		
Objective <i>All patients receive agreed treatment that is consistent and equitable.</i>		
Tx14-2A-112	Clinical Guidelines	
<p>The MDT should agree clinical guidelines (i.e. how a given patient should be clinically managed, imaging and pathology investigation, assessment and treatment).</p> <p>Where there are nationally agreed requirements for clinical guidelines it is recommended that these are adopted.</p>	(1) <i>Reference : Heart Transplantation: Selection Criteria and Recipient Registration (POL229/1 CTAG 06.0814) and Lung Candidate Selection Criteria (POL231/1 CTAG 06.08.14)</i>	Operational policy.
Objective <i>All patients receive co-ordinated care.</i>		
Tx14-2A-113	Patient Pathways	
<p>The MDT should produce patient pathways (i.e. the named services which a patient should be referred to during their investigation, treatment, psychological and social support, rehabilitation and follow up). The pathways should include the relevant contact points for the services. The pathways should specify:</p> <ul style="list-style-type: none"> • patients should be assessed by a cardiologist/ respiratory physician prior to referral for transplant • referral should be made in accordance with the nationally agreed referral criteria (1) • post-transplant patients should receive follow up at least every six months for life at a transplant centre • shared care arrangements for local provision of care closer to home • patients are given the choice of which transplant centre they receive their follow up • specific referral pathways for: <ul style="list-style-type: none"> • dermatology • specialised renal services • upper gastrointestinal surgery • diabetes services • psychology 	(1) <i>Reference : Heart Transplantation: Selection Criteria and Recipient Registration (POL229/1 CTAG 06.0814) and Lung Candidate Selection Criteria (POL231/1 CTAG 06.08.14)</i>	Operational policy.

<ul style="list-style-type: none"> • palliative care • patients should be seen within 2 weeks of referral to a dietician • patients should be seen within 2 weeks of referral to a psychologist. 		
Tx14-2A-114	Direct Emergency Access	
There should be a policy whereby patients have direct 24/7 emergency access following discharge.		Operational policy Reviewers to enquire at PR visit
Tx14-2A-115	Multidisciplinary Transplantation Follow Up Clinic	
<p>There should be multidisciplinary clinics for the follow up of transplant patients. The following should be in attendance:</p> <ul style="list-style-type: none"> • transplant physician/ cardiologist/respiratory physician. • dedicated transplantation nursing staff • phlebotomist <p>The clinic should have access to the following services:</p> <ul style="list-style-type: none"> • laboratory services • exercise testing • lung function testing • radiology • echocardiogram • ECG. 		Operational policy Job plans should be available for PR visit
Tx14-2A-116	Transition and Transfer Policy	
There should be a policy agreed between paediatric and adult services covering the transition period and transfer process for children and young people.		Operational policy.
Key Theme Patient Experience		
Objective <i>All patients receive patient centred care with respect and dignity which takes account of their holistic needs.</i>		
Tx14-2A-117	Patient Information	
<p>The MDT should provide written material for patients and carers which includes:</p> <ul style="list-style-type: none"> • the national information booklet • information specific to that CTC about local provision of the services • information about patient involvement and support groups • benefit advice 	<i>It is recommended that the information is available in languages and formats understandable by patients including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.</i>	Operational policy Examples of patient information should be available at PR visit

Tx14-2A-118	Patient Advice Line	
There should be a telephone advice line for patients available during working hours, seven days a week. The advice line should be staffed at any one time by a member of staff from the CTC. The CTC should specify the minimum level of training or professional qualifications necessary for the staff.		Operational policy.
Tx14-2A-119	Patient Feedback	
<p>The MDT should have undertaken an exercise during the previous two years prior to review to obtain feedback on patients' experience of the services offered.</p> <p>The exercise should at least ascertain whether patients were offered:</p> <ul style="list-style-type: none"> • assessment of their physical, emotional, practical, psychological and spiritual needs (holistic needs assessment); • the CTTs information for patients and carers (written or otherwise); • the opportunity of a permanent record or summary of a consultation at which their treatment options were discussed. <p>The exercise should have been presented and discussed by the MDT and the team should have implemented at least one action point arising from the exercise.</p>	<p><i>The exercise may consist of a survey, questionnaire, focus group or other method.</i></p> <p><i>There may be additional items in the exercise. It is recommended that other aspects of patient experience are covered.</i></p>	Annual Report.
Tx14-2A-120	Facilities for Family and Carers	
There should be access to overnight accommodation for family / carers of patients.		Operational policy Reviewers to enquire at the PR visit
Key Theme		
Clinical Outcomes / Indicators		
Objective		
<i>All patients receive treatment intended to provide the best possible outcomes that is consistent across the network</i>		
Tx14-2A-121	Clinical Indicators Review / Audit Meeting	
<p>The CTC should be submitting data to the NHS BT audit.</p> <p>There should be a monthly meeting to review:</p> <ul style="list-style-type: none"> • clinical indicators identified in section 2 of the measures • organ utilisation • turn down rate for "ideal donors"(1) • any additional audits agreed by the MDT. 	(1) <i>The criteria is shown in appendix 1</i>	Annual Report.

Tx14-2A-122	Core Members Attendance at Clinical Indicators Review / Audit Meeting	
All surgeon, physician and nurse members should attend at least 2/3 rd of the clinical indicators review/audit meeting		Annual Report.
Objective <i>All patients have equitable access to treatments that could potentially improve outcomes</i>		
Tx14-2A-123	Clinical Trials	
The MDT should produce a report at least annually on clinical trials. The report should include: <ul style="list-style-type: none"> • details of the CTC's trials portfolio including local and multicentre trials; • the CTC's recruitment to the portfolio. 		Annual report.

Section 2 Clinical Indicators/Lines of Enquiry

Introduction

The clinical indicators identified in this section have been identified by clinicians within the service as key aspects that reflect the quality of treatment and care provided. The selected metrics use data which is currently recorded nationally. The source includes NHS Blood and Transplant audit database. These indicators should form the basis of discussion by teams enabling them to identify areas for improvement. The team should comment on these indicators in their self-assessment report and any plans for improvement should be included in their work programme.

Clinical Indicators

- Conversion rate between number of organs offered and number accepted, by centre and surgeon.
- Organ utilisation including:
 - turn down rate for ideal lung donors (see appendix 1)
 - turn down organs that are subsequently used by another centre
- 30 and 90 day mortality
- 3, 5, and 10 year survival
- Length of wait in line with heart availability
- Incidence of stage 4/5 CKD 5 years after transplantation

Appendix 1

Ideal Donor Criteria

Lung

The donor is:

- Under 56
- Non-smoker
- PO₂ >30kPa with FIO₂ 1.0 and PEEP 8
- No history of aspiration
- X-ray described as normal

Heart

The definition for the ideal heart donor is - used by another centre, other than a small adult used by GOS, for a non-urgent patient.

