NHS BLOOD AND TRANSPLANT

CARDIOTHORACIC ADVISORY GROUP

VALDIATION RULES FOR REGISTERING PATIENTS ON THE URGENT HEART ALLOCATION SCHEME

SUMMARY

1 To demonstrate transparency and equity in the transplantation, NHSBT is introducing a process to ensure that all patients listed for deceased donor transplantation meet agreed criteria. This paper provides a list of proposed validation rules for the Duty Office to carry out before registering a patient on to urgent heart allocation scheme (UHAS). Members are asked to comment on these rules. Once agreed, the rules will be sent to the Duty Office for implementation.

INTRODUCTION

2 The paper titled 'Clinical Characteristics of Urgent Patients' presented to the CTAG Heart Advisory Group meeting on 18 September 2013 looked at data recorded for urgent heart registrations between 1 April 2012 and 31 March 2013. The paper highlighted that in some cases there were insufficient data to validate listing and that there were a number of registrations that did not appear to meet the urgent listing criteria.

3 There has been an increase in the proportion of heart transplant patients that are registered as urgent; an increase of 38% between 2011/2012 and 2012/2013.

4 In order to ensure equity and to maintain public trust in the selection and allocation of donated organs, NHSBT will validate all urgent heart registrations.

5 The Duty Office will manually check all urgent heart registrations by following a set of validation rules **before a patient is listed.** If the patient does not fulfil the agreed criteria for listing and the MDT feel that the patient's condition merits access to the deceased donor pool, the patient should be submitted to the CTAG UHAS Appeals Panel for consideration. The Appeals Panel will make their decision within 24 hours based on a majority decision. If the Appeals Panel does not deem the patient eligible for urgent heart listing under the 'Other' category, they will not be accepted for listing under the UHAS.

6 This paper presents a list of validation rules for the Duty Office.

7 Members are asked for comments on these validation rules. Once this has been agreed, the rules will be sent to the Duty Office for implementation.

8 The urgent heart registration form can be found at the end of this paper for reference.

Proposed validation rules

9 Category under 'Indication for Urgent Heart Allocation' must be reported.

10 Categories 1 to 9 can only be selected for patients aged ≥ 16 years

11 Categories 51 to 59 can only be selected for patients aged <16 years

12 If category 55 is selected, weight should be >15 kg

13 If category 56 is selected, weight should be ≤ 15kg

14 If categories 1, 2, 51 or 52 are selected, check that VAD field is not 'none'.

15 If categories 3 or 53 are selected, check that IABP field is not 'No'.

16 If categories 4 or 54 are selected check that ECMO field is not 'No'

17 If category 5 is selected then at least one of the following conditions must be specified;

- Dopamine = 2 (yes) and dopamine dose >5 mcg/kg/min
- Dobutamine =2 (yes) and dobutamine dose >7.5 mcg/kg/min
- Epinephrine =2 (yes) and epinephrine dose >0.05 mcg/kg/min
- Enoximone = 2 (yes) and enoximone dose > 5 mcg/kg/min
- Levosimandan = 2 (yes) (any dose)
- Milrinone =2 (yes) and milrinone dose >0.375µg/kg/min

This rule will be violated if all doses are less than or equal to the boundary conditions specified above and also if indicator fields for all these drugs state 'No' (=1).

18 Category 5 considers patients where 'milrinone >0.375µg/kg/min or adjusted to achieve therapeutic milrinone levels of 100-300 ng/ml (which may correspond to a lower dose in patients with impaired renal function)'. This cannot be validated. It is therefore proposed that Category 5 is collapsed to consider milrinone levels of >0.375µg/kg/min only and that the remaining patients who would otherwise fall into the 'adjusted to achieve therapeutic milrinone levels' description are entered under the 'Other' category (categories 9 and 59) and must go through the appeals panel in the usual way, but stating the patient's plasma level.

19 The Urgent Heart Registration Process Protocol (CTAG(14)H7) explains that if a patient has been registered onto the UHAS under the Category 9 or 59, an accompanying letter outlining the patient's condition and reasons for listing as agreed by the appeals panel must be sent to the Duty Office in addition to the initial Urgent Heart Recipient Registration form. There have only been 2 letters received in the last 6 months which implies that this process is not working. Therefore it is instead proposed that the Duty Office is copied in to the email sent from the Appeals Panel to the enquiring centre confirming acceptance of their patient on to the UHAS. **The Duty Office will not accept a patient listed under the 'Other' category (categories 9 and 59) until they have received this email.**

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